the Canadian Nurse

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MONTREAL
SEPTEMBER 1964

CNA Convention Report and Addresses

Customs of Italian Immigrants

Study Tour in England, Denmark and Finland

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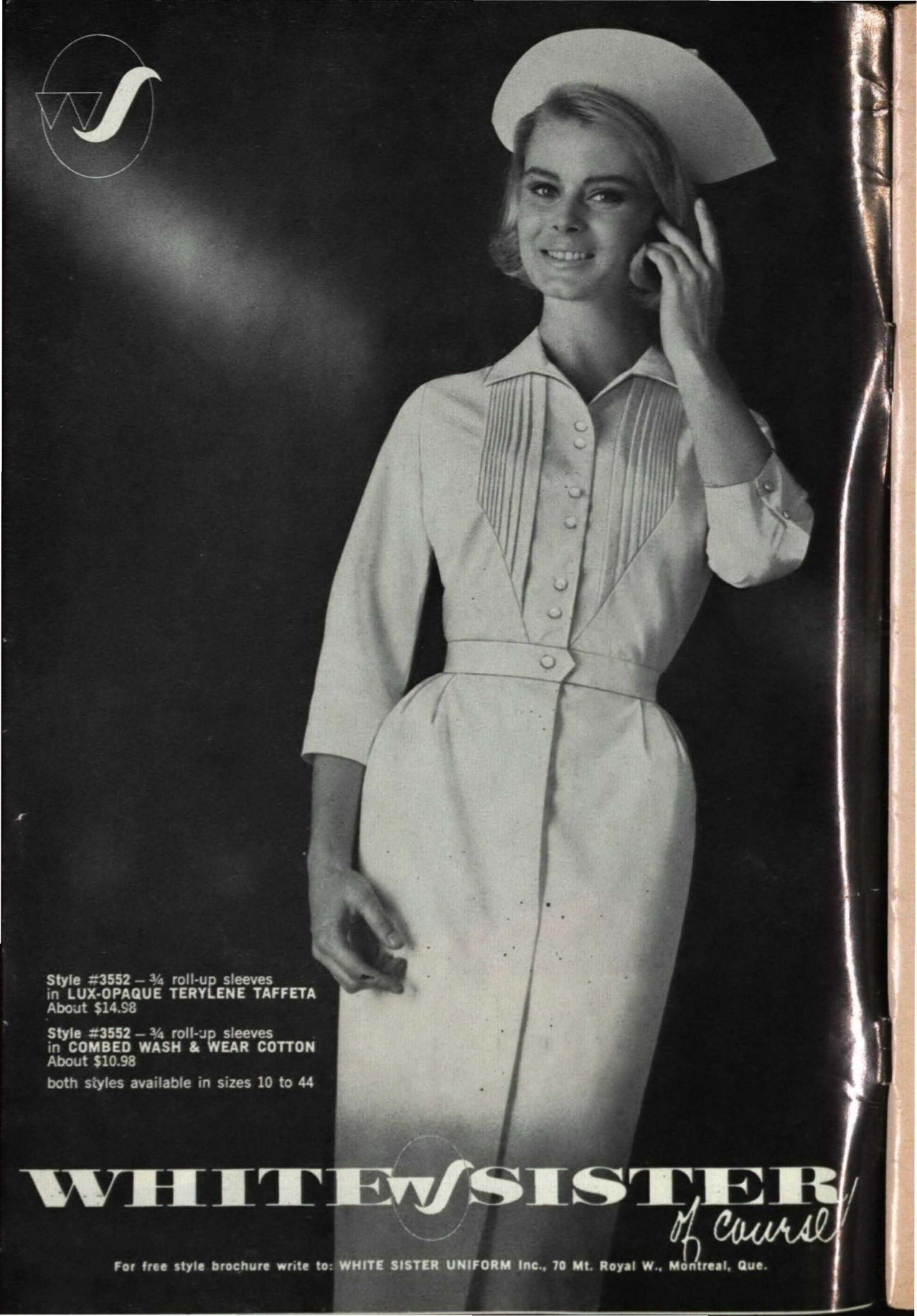
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Between Ourselves

Hampered by a broken wrist, your editor missed the greatest convention in the history of the Canadian Nurses' Association last June. When the nurses of Newfoundland optimistically estimated a possible total registration of a thousand — considerably more than had attended the 1962 general meeting in Vancouver — the old pros thought they were being overly optimistic. When the advance registration crept past the thousand mark before the end of May, even those in charge of arrangements began to wonder what was happening. A problem of where such a number of bodies could be put to bed each night was visualized. After all, St. John's had never before experienced a convention of such proportions.

Keep these facts in mind when you read the report of the convention featured in this issue. A total registration of 1552! Visualize the relatively small body of Newfoundland nurses meeting *every* aircraft that arrived from the mainland, transporting the hordes of visitors to the accommodation that had been assigned to them, looking after thousands of tiny details that made for the greater comfort or need of the visitors. It was fabulous! It was magnificent! It set a record that the Quebec nurses in 1966, the Saskatchewan nurses in 1968 will be hard pressed to equal. Congratulations to the nurses of Newfoundland, individually and collectively!

* * *

Each biennium a new slate of officers is elected to handle the affairs of our national association for the ensuing two years. MRS. ISOBEL MACLEOD, our president, elected by acclamation, was introduced to you in the July issue. Elsewhere in this issue you will find brief sketches of the other elected members of the Executive Committee. Some are new on the national scene, most have already played prominent roles in nursing in Canada.

* * *

A generation ago, a prominent educationist from the University of British Columbia, DR. GEORGE M. WEIR, wrote a profound document on the need for new patterns of nursing education in Canada. He stressed the importance of having well-qualified instructors in every school of nursing, the fact that real progress in education would only come when the schools were recognized as truly educational. He advocated the separation of nursing education from nursing service, with an independent budget, and many other improvements.

That was in 1932 — depression days when any talk of spending money on a new type of nursing education was considered completely out of the question. Seven years later came World War II when it required courage merely to maintain existing standards. Since the mid forties, numerous experiments have demonstrated the possibilities and practicality of revamping the patterns of professional training for nurses. New voices are heard urging long-awaited changes.

Two such voices reported the results of their studies to the convention body. MR. JUSTICE E. M. HALL gave an all too brief summary of the role of nurses in his report on the findings of the Royal Commission on Health Services. You have had an opportunity to read summaries of this lengthy report in your newspapers.

The second voice was speaking directly to us — not to the nation as a whole. DR. KASPAR NAEGELE'S address appears in this issue. Do read it, discuss it, question it if you will, but be ready to support your association as the Executive Committee seeks to implement the recommendations Dr. Naegele has made. Concerted effort is a must.

ICN Congress
Frankfurto June 1965

THE CANADIAN NURSE

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE *nor of the Canadian Nurses' Association.*

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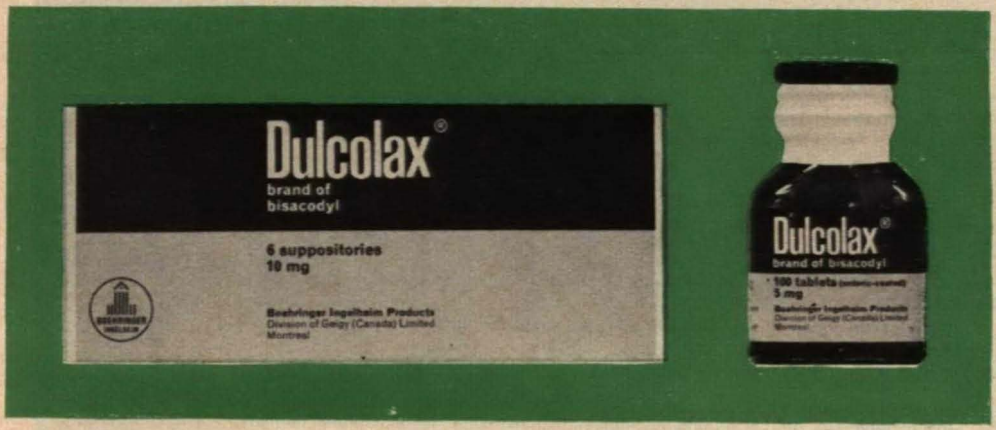

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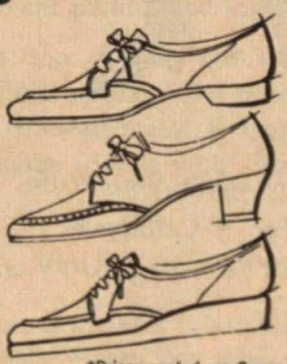

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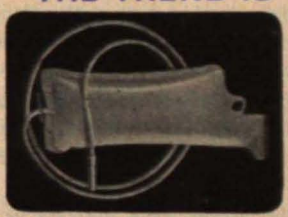

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Random Comments

Dear Editor:

Will you please publish the following announcement:

Attention all graduates of Medicine Hat General Hospital, Alberta:

Plans are underway for a three-day reunion, October 16 - 18, 1964, to celebrate the school's 70th anniversary. If you have lost contact with us, please send your name (single and married) to the undersigned, at: 555 — Aberdeen St., Medicine Hat, Alberta.

Glenys Parker

Dear Editor:

The article "Nursing Shortage: Possible Solution" by Monica D. Angus (June 1964) is one of the best I have ever read in the *Journal*.

As a married nurse, I have tried to work part-time only to be refused by most (but not all) of the hospitals where I applied. There was no financial need for me to work but I thought I would be helping the nursing shortage by offering my time and services. In most cases I was told that the hospital did not want part-time help, that I must join staff and rotate through all three shifts, and that an exception could not be made for me just because I was married.

I came away from some of the interviews with the feeling that I had committed some crime by being married and that I was now paying for it by not being able to work. I was surprised to find that these hospitals felt that they would be doing me a great favor if they accepted me part-time. In one case, I was told that the hospital did not need part-time help and that they were fully staffed. Two weeks later, I was told by a friend who worked there that the nurses were frantic due to the shortage of nurses since it was vacation time.

In the United States, many hospitals accept part-time help gratefully. The part-time nurses work one or two days a week or from 10:00 a.m. to 2:00 p.m. They come in on the same day every week and get to know the floor and its routine just as well as the full-time staff. They even take charge if the occasion arises.

I know that this is not the ideal situation but you must admit it is better than coming

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on duty at 7:00 or 8:00 a.m. to find 30 patients and only two nurses and an aide to care for them. Isn't it better to have 20 part-time nurses than no nurses at all?

R. N.
Quebec

Dear Editor:

Received my monthly issue of the *Journal* to-day and felt I had to write immediately concerning Mrs. Monica Angus's article "Nursing Shortage: A Possible Solution."

Mrs. Angus has hit the nail on the head! Her suggestion to change the working hours for married nurses is highly commendable. I have four small children, but manage to work four afternoons each month. This diversion improves my mental and physical well-being; but most important, it keeps me in direct contact with patients, and nursing with its ever-changing drugs, treatments, etc.

As I am a "nut" for crossword puzzles, I hope this will be a regular page in your magazine. It will certainly help to refresh my memory on a goodly number of medical terms that I have forgotten.

The case histories always arouse my interest and are usually the first articles that I read.

Well, there's housework to be done, but I just had to write "pronto."

(Mrs.) M. Antoinette Mailloux,
Windsor, Ontario

MR. YANG IN LIBYA

A Chinese food scientist, working for the Food and Agriculture Organization of the United Nations, has introduced simple, economical innovations in the Libyan diet.

When Mr. Y. H. Yang of Taiwan went to Libya early in 1962, he knew little about the country and the eating habits of its citizens. It did not take him long to discover that the Libyan diet is poor in quality, proteins, vitamins and other nutrients that support human vigor and good health. Mr. Yang learned that food production in the country fluctuates from year to year, due to the country's unpredictable weather. More food has to be imported than can economically be afforded, and the diet pattern of the people is not good. Using the best of ancient and modern Chinese methods, he began to help the Libyans to im-

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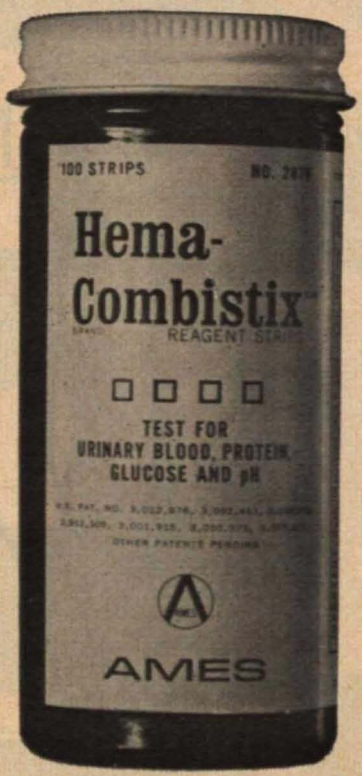

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prove their nutrition and food production.

One of Mr. Yang's first steps was to have papaya seedlings sent from Taiwan to Libyan experimental agriculture stations. Papaya is rich in pro-vitamin A, an element noticably deficient in the average Libyan's diet. It grows well in dry, sandy lands, at a cultivation cost sufficiently cheap to make wide-spread planting feasible. He instructed his Libyan colleagues in how to care for the papaya seedlings. The government hopes to launch papaya production throughout the country.

Another fruit whose cultivation Mr. Yang has sponsored is guava. Like papaya, guava is nutritious and it grows well in Libya.

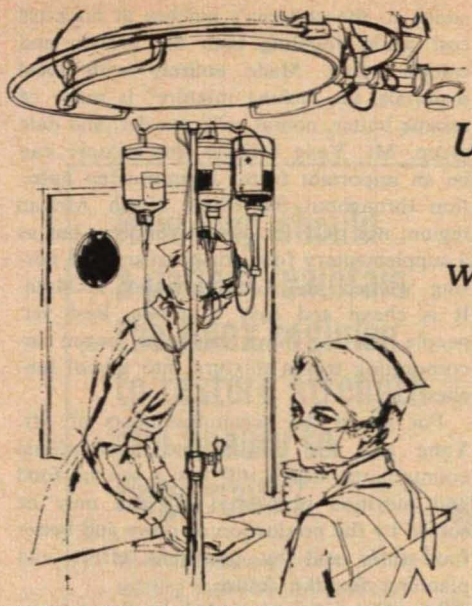
Mr. Yang also urged the expansion of sesame farming, the introduction of soybeans, and the raising by rural families of rabbits and poultry. Sesame gives a high yield in Libya and is an important supplement to local cereal proteins. Soybeans, a hardy crop, give the best protein of the vegetable kingdom. Rabbits and chickens could give rural families more high quality protein and their raising would not tax the already limited grazing and farming lands. They can be cared for easily by housewives or teenagers.

Libyans, especially those who live inland, do not eat enough fish. "Don't like it. Horrible stuff," scores of families told Mr. Yang. A confirmed fish-eater himself, Mr. Yang puzzled over this one. Why don't they like fish?

After several weeks study, he unearthed the following reasons: most families are unaware of the nutritive value of fish; few of them know how to prepare it; as there is little demand for it, the price is high and the quality of Libyan fish is often poor, especially in the summer. Yet none of these things has to be so, and Mr. Yang proceeded to prove it.

First he prepared sardinella — a fish most Libyans particularly despise — in twenty different ways. At least four of these — minced fish with onion and tomato, or curry and onion, whole fish with curry or with red pepper powder — turned out to be quite acceptable to the local palate. Anti-fish families ate it up. "Not a bit bad," they said. "Doesn't taste like fish at all."

The cost of these preparations is about half that of canned tuna and is just as nutritious. The 1,700 kilometer Libyan coastline is rich in fish and the growth of local demand should bring prices down while helping the country to expand its infant



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By WILLIAM H. HAVENER, B.A., M.D., M.S. (Ophth.); WILLIAM H. SAUNDERS, M.D.; and BETTY S. BERGERSEN, R.N., B.S., M.S. Published July, 1964. 360 pages, 6½" x 9½", 227 figures. Price, $7.75.

A New Book! **Cherescavich**

A TEXTBOOK FOR NURSING ASSISTANTS

Written in general, non-technical style, this new book is geared to helping the vocational worker understand his role as part of the total patient care team, helping the patient attain the maximum health standard available to him. Discusses orientation to the hospital, its services and patterns of care. Well illustrated with meaningful photographs and illustrations.

By GERTRUDE CHERESCAVICH, R.N., B.S., M.S. Ready in November, 1964. Approx. 300-375 pages, 7" x 10", illustrated.

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By KATHLEEN NEWTON SHAFER, R.N., M.A.; JANET R. SAWYER, R.N., A.M.; AUDREY M. McCLUSKY, R.N., M.A., Sc.M.Hyg.; and EDNA LIFGREN BECK, R.N., M.A. Published May, 1964. 3rd edition, 889 pages, 7" x 10", with 192 figures. Price, $9.00.

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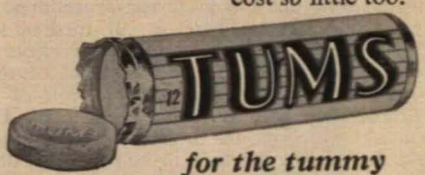

for the tummy

Amne Ford's forebears were explorers in Labrador. She found her professional challenge as a nurse anesthetist at The Roosevelt Hospital.

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fisheries. Mr. Yang also showed his Libyan friends how to dry and preserve sardinella.

School feeding programs began in Libya in 1955. They have helped to raise the nutritional level of the nation's school children. When Mr. Yang arrived in 1962, he found school lunches lacking in both protein and caloric value. He produced a sandwich-spread-like mixture that can be added to the children's lunches at no extra cost while doubling both the protein and caloric value. Made entirely with local materials, the "tehina mixture" is made of sesame butter, nonfat milk powder, and date syrup. Mr. Yang believes this mixture can be an important factor in improving nutrition throughout the whole North African region; not only for school children, but as a supplementary food for pregnant and nursing women and for pre-school children. It is cheap and easy to make. Best yet, people like it. Libya has now begun incorporating tehina mixture into school lunches.

For all of the accomplishments of Mr. Yang and his Libyan and international counterparts, Libya still has a serious food and nutrition problem. This can only be solved by the production of more and better food-stuffs and by persistent effort and planning for the future.

Mr. Yang recommended to the government the establishment of national food and nutrition committees whose job would be to oversee the improvement of Libyan nutrition and food production at all levels. At the government's request, Mr. Yang drew up a draft constitution for such a committee. It has now been approved in principle by the government.

Among his many recommendations for the future, Mr. Yang urged the government to concentrate on high nutrient-yield rather than gross tonnage crops; to strengthen nutrition education, as too many Libyans misunderstand the relative nutrient values of foods; to train more nutrition workers; and, to push forward its work in agricultural extension. It is through agricultural extension that the knowledge of the expert is brought to the farmer and individual citizen.

Mr. Yang was in Libya 117 days. In the report to his colleagues, he said he would never forget Libya and his stay among the Libyan people. It seems unlikely the Libyan people will forget him. At least not when they eat papaya, guava, fish, soybeans or tehina mixture.

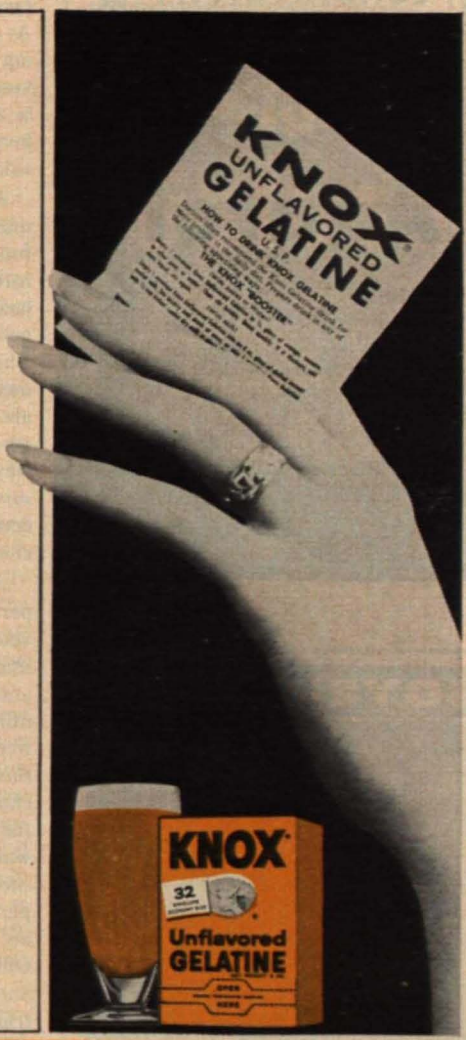
—Food and Agricultural Organization of the United Nations.

CARDIOVASCULAR EXPERIMENT

A bevy of healthy athletic dogs sprinting on an uphill treadmill are helping a team of University of Washington investigators re-examine many fundamental concepts con-

How long should a patient maintain the Knox regimen to restore strength and beauty to fingernails?

When patients seek help for brittle, splitting fingernails, the chances are you will recall the Knox Gelatine regimen. It is important, however, for patients to understand that fingernail restoration is not an overnight process. Published data[1-5] have shown that about 90 days is the median time for replacement. Some patients will see faster results, in others a longer period of use is required. In any event, the need for continuing after the nail has grown out must be emphasized. The studies show how Knox works for 8 out of 10 patients, when followed as specified (one full envelope each day). There is evidence that capsule doses, of less than 7 grams per day, have little or no value. Patients who "Start with and stay with Knox" will see far more satisfactory results.



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- ☐ 1. Rosenberg, S., Oster, K. A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. **76**:330, September, 1957.
- ☐ 2. Derzavis, J. L. and Mulinos, M. G.: Med. Ann. D. C. **XXX**:133, March, 1961.
- ☐ 3. Schwinner, M. and Mulinos, M. G.: Antibiot., Med. & Clin. Therapy **4**:403, July, 1957.
- ☐ 4. Rosenberg, S. and Oster, K. S.: Conn. State Med. J. **19**:171, March, 1955.
- ☐ 5. Tyson, T. L.: J. Invest, Dermat. **14**:323, May, 1950.

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cerning the way the heart and circulatory system work.

The development of new electronic measuring equipment has made it possible to conduct previously impossible experiments involving heart response and blood flow. As a result, basic medical theories concerning the nature of many heart and blood vessel ailments are being restudied. Progress is also being made toward a more comprehensive understanding of the heart and circulatory system.

A great deal of evidence has been accumulated to show that the brain plays a fundamental role in controlling heart performance. Most of the prevailing ideas about heart activity stem from observations made on laboratory animals under anesthesia, which depresses brain activity. Thus the mechanisms which regulate heart function are distorted and ideas emerge based on conditions that are not normal. The only way to measure normal function is to observe various body responses in healthy, conscious and active animals in a normal environment.

A team of surgeons and electronics experts were assembled with the idea of developing electronic equipment that could be implanted within the body. Heart performance could be observed in animals having minimal interference with their normal activities. Several new devices grew out of this collaboration. In current use to record changes in the size of the heart chambers, for example, is a modification of the underwater "sonar" technique that helped detect submarines during World War II. The apparatus consists of two tiny wafers mounted on opposite sides of the heart in the dog. One transmits sound; the other receives it. Some 1800 times per second, bursts of ultrasonic energy shoot across the heart from transmitter to receiver. The time required for the signal to travel from one post to another is clocked by fast-action computers and a continuous record is inscribed on moving paper. Variations in the record indicate changes in the size of the heart from instant to instant. Another device was designed to measure the pressure within the pumping chambers of the heart.

Meanwhile the dog romps around the laboratory or exercises on a special uphill treadmill without interference. Information continues to be gathered while it eats, sleeps and generally leads a normal, fully active life.

Even newer is a device that makes it

possible to measure the flow of blood continuously and simultaneously in several blood vessels serving various parts of the body. The device is surgically implanted around the blood vessel like a cuff. Sound bursts from one tiny crystal transmitter travel "downstream" with the blood flow to a second crystal on the opposite side of the cuff. Then a sound burst is sent "upstream" against the blood current, to the first crystal. The difference in travel time is determined by the speed of flow and is recorded externally. With this flow-meter, the investigators have been examining the way in which the body "budgets" blood while the dog goes from activity to activity.

From their experiments with the dogs here are some of the findings the team has reported:

Heart function continuously changes from moment to moment as the animal responds to its environment. Adjustments are so rapid that a loud noise may produce an effect in the very next heart beat.

Contrary to a previously widely accepted notion, the heart expands to its maximum size and each beat ejects a large quantity of blood while the dog is at rest. On the other hand when the dog is alert, sitting or standing, the heart becomes smaller and ejects smaller amounts of blood.

It has been observed that the first time an animal performs a standard exercise, such as walking or trotting on the treadmill, the heart responds by a prompt and large increase in both heart rate and blood pressure. But if the exercise is repeated several times, the heart response becomes precisely adjusted to the dog's energy requirements as though it had "learned" how much work was going to be encountered during the activity.

While the similarities in heart and circulatory system function between dogs and man far outstrip the differences, it would be unwise to say for certain that the mechanisms at work in animals apply to humans. Experiments will have to be carried out in man first. While some of these tests can and have been performed in humans, others will have to await further technological advances.

— American Heart Association

The Canadian Industrial Safety Association's Annual Conference will be held at the Royal York Hotel, Toronto on September 29, 1964.

All occupational health and other nurses are invited to attend.

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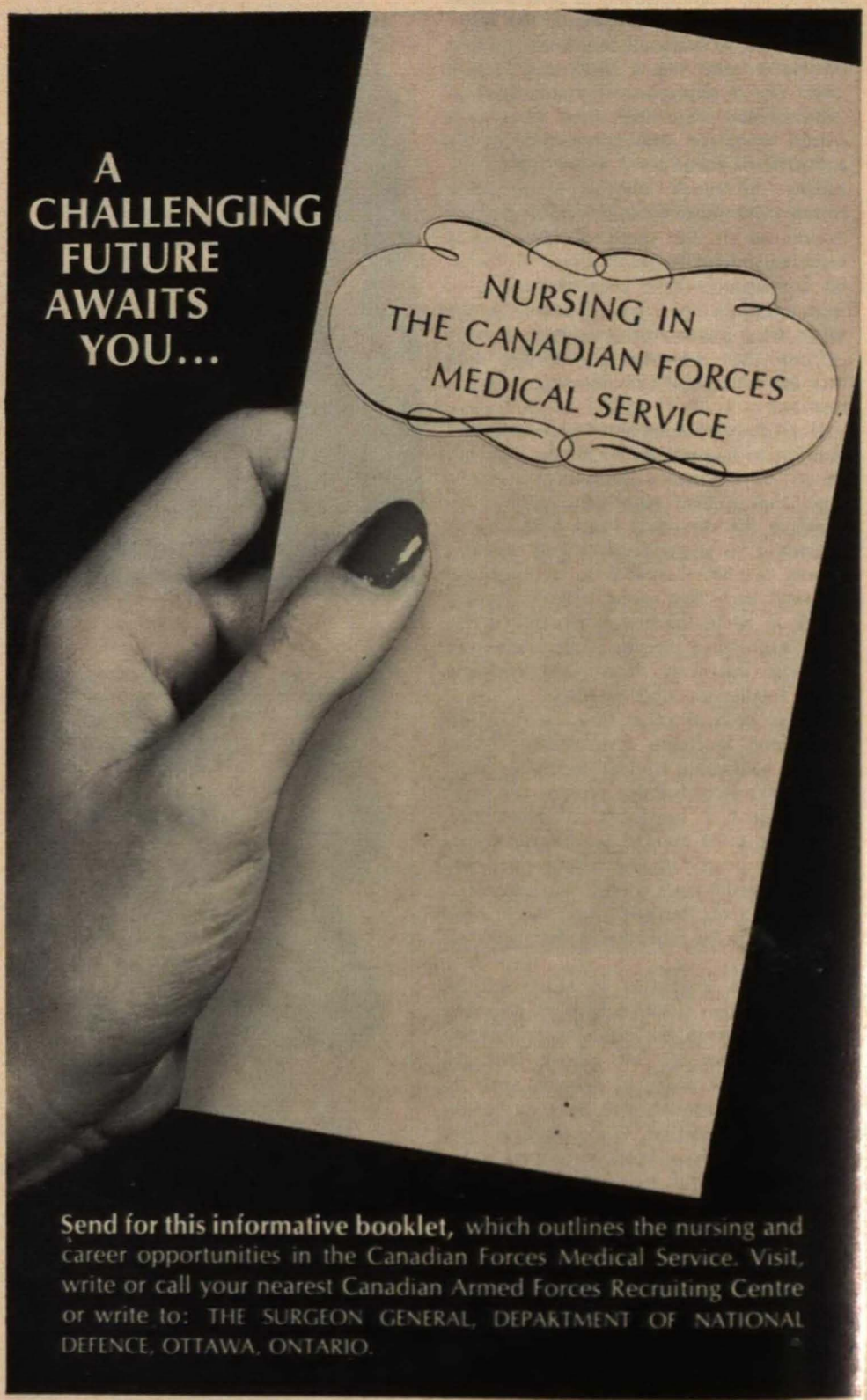
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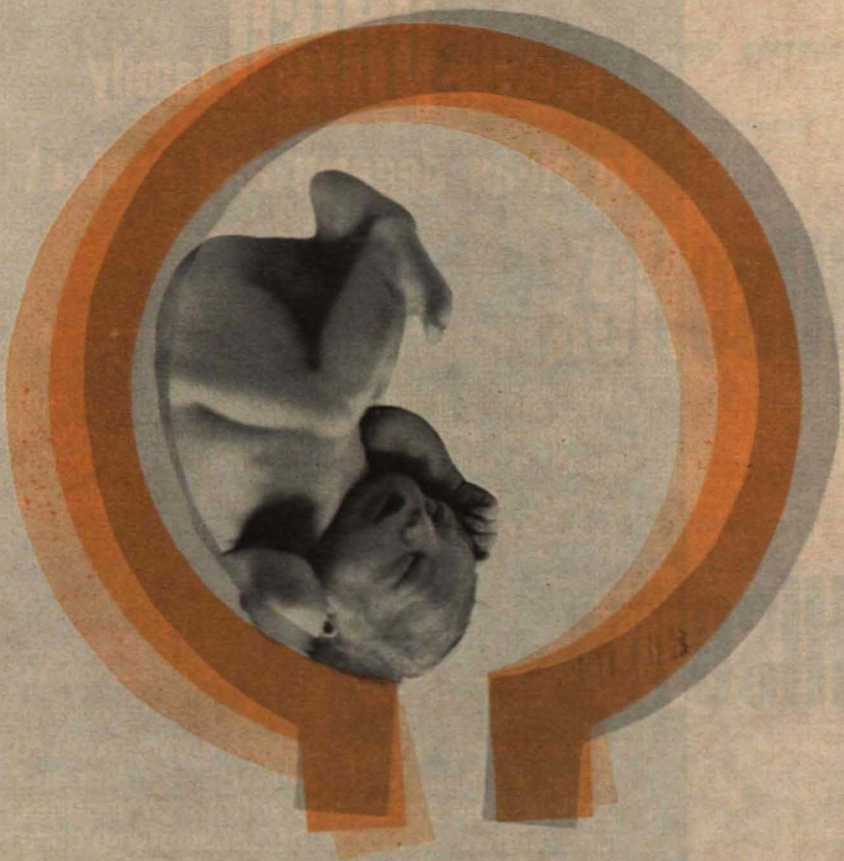

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References: (1) Dillon, T. F.; Douglas, R. G., & Du Vigneaud, V.: *Obst. & Gynec.* **20**:434, 1962. (2) Rice, R. D., & Benson, R. C.: *ibid.* **17**:297, 1961. (3) Newman, J. W., & Hon, E. H.: *ibid.* **21**:3, 1963.

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New—Published February, 1964

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New—Published April, 1964

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED IN ENGLISH AND FRENCH
BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 60 MONTREAL, SEPTEMBER 1964 NUMBER 9

Newfoundland Rendezvous

"God help the mainland while you're down here ! But I'm not really sure the mainland deserves you ! Why don't you stay here ?"

PREMIER JOSEPH SMALLWOOD, in his own inimitable way, extended this hearty invitation to the enthusiastic audience attending the Newfoundland government-sponsored banquet at the 32nd biennial meeting of the Canadian Nurses' Association in St. John's.

We were sorely tempted ! But plane reservations and "end-of-the-week budgets" forced us to return to the "mainland" — but we'll go back some day.

Sunday, June 14

Bells ringing at the Basilica announced the first of many special evening church services held throughout St. John's for convention visitors. Earlier in the day, hundreds of nurses had registered at Memorial University where the week-long sessions were held. Total registration reached 1552, of whom 191 were nursing students. This was the largest attendance in CNA history. Each registrant carried away with her a handsome briefcase packed with re-

Premier JOSEPH SMALLWOOD

ports, maps, booklets of St. John's and many interesting souvenirs.

It was evident on this day, and throughout the week, that the members

Stetsons may not be in style in Paris, but they were in St. John's! Instructor, (L) MISS S. HILL, *with* MISS D. HARRISON, *student, Calgary General Hospital*

of the Association of Registered Nurses of Newfoundland had worked very hard to ensure a well-planned and interesting meeting. Each incoming plane had been met by a group of Newfoundland nurses ; banners of welcome, in French and English, appeared in every conceivable place ; all the people of St. John's and surrounding area knew the nurses were in town and, figuratively, presented "the key to the city" to them.

Registrants leaving Physical Arts Building

Monday, June 15

With Miss E. A. ELECTA MACLENNAN, president, in the chair, the invocation was given by the VENERABLE ARCHDEACON LEWIS NORMAN. The HONORABLE FABIAN O'DEA, Lieutenant-Governor of Newfoundland, welcomed the nurses to the province before declaring the meeting officially open. Greetings were extended by :

The Health Minister of Newfoundland, Dr. J. McGrath, representing Premier Smallwood ; His Worship, H.G.R. Mews, Mayor of St. John's ; Miss J. Lewis, president, Association of Registered Nurses of Newfoundland ; Dean S. J. Carew, representing Dr. R. Gushue, president, Memorial University ; Mlle A. Clamageran, president, International Council of Nurses ; Mrs. M. Pollock, representing the American Nurses' Association; Dr. J. Roberts, Canadian Medical Association; Dr. W.D. Piercey, executive-director, Canadian Hospital Association; Dr. L. Miller, Deputy Minister of Health, on behalf of the Canadian Public Health Association.

Keynote Address

The Watchword of the convention was "Courage." Mlle ALICE CLAMAGERAN, president, ICN, spoke on this theme. She emphasized that considerable courage is needed by the nurse today in both her professional and private life. Mlle Clamageran's address appeared in last month's *Journal*.

Presidential Address

In her address "A Legacy of Purpose," Miss MacLennan commented on the state of the profession in general, and of the Association, in particular. Her address appears in this issue.

Report of CNA Executive Director

DR. HELEN K. MUSSALLEM outlined the activities of the Association — which have expanded considerably over the past biennium.

Membership has increased by approximately 14,000 — from 63,822 to 77,618. In the past 10 years, it has increased by 42,423 or 120.5 per cent.

Statistical data have been collected from approximately 26,000 nurses across Canada and published results of the final analysis are now available ; in 1965, all provinces will assemble comparable data on a provincial basis.

The Nursing Research Index initiated in 1959, was reactivated. Over 130 completed studies on nursing have been reported and are now coded and classified.

(The Daily News, St. John's)

The Banquet: Lobsters + Newman Wine + Premier Smallwood = a gala affair

Other Reports

1. *Chairman of Finance :*

MRS. A. ISOBEL MACLEOD, chairman, reported that the capital in the CNA Loan Fund had been increased to $8,000 with $800 as the maximum amount of each loan.

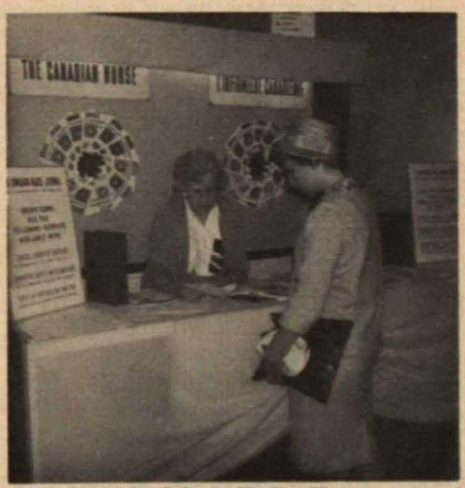
The study of the reorganization of the CNA and The Canadian Nurse Journal was one of the major tasks of the biennium.

The proposed budget for 1964-66 was submitted.

2. *Executive Director, The Canadian Nurse*

A warm tribute to MISS MARGARET E. KERR, executive director, *The Canadian Nurse* was paid by Miss Mac Lennan prior to the presentation of the executive director's report by Miss ALICE GIRARD. Miss Kerr was absent as the result of an injury. An honorary member of the ARNN and an active member of the RNABC, Miss Kerr has attended all CNA conventions since 1928, with the exception of 1932 and the present one. Hearty applause attested to the esteem in which Miss Kerr is held.

The report revealed that *Journal* circulation had increased from 65,794 in June, 1962 to 76,763 in December, 1963. It is anticipated that the total will be close to 80,000 when the June 1964 audit has been completed.



CNJ Booth: MRS. F. E. TOOHEY *and convention delegate*

Next year, the *Journal* celebrates its diamond jubilee of publication. In recognition of this milestone and in keeping with the modern trend in such magazines, the Journal Board has given unanimous approval to a change in format. Beginning with the January, 1965 editions, the "new look" will be found in an 8 1/2 inch by 11 1/4 inch, three column page size, a completely redesigned front cover, new styles in captions, and numerous other improvements.

One hundred dollars will be awarded as the first prize for the best design approved for the new cover ; $50 will be given as a second prize and $25 as a third prize. The deadline for submission of cover designs is September 30, 1964.

Left to right: MLLES M. JALBERT, A. CLAMAGERAN, G. CHARBONNEAU, C. BIGUÉ.

3. *CNJ Board Report*

The Canadian Nurse Journal Board report was given by the Chairman, Miss Alice Girard. She noted that complaints had been received to the effect that the *Journal* continues to accept advertisements from American hospitals for nursing positions when the *American Journal of Nursing* has refused to accept such advertisements from Canadian hospitals since May 1963 [at the time of writing, this AJN policy has been amended to include the acceptance of advertisements from *accredited* Canadian hospitals]. This was discussed by the Board and it was decided that the *Journal* should continue to accept advertising from American or foreign hospitals for nursing positions as a service to our thousands of readers.

4. *CNA House Committee*

Miss MILDRED WALKER, chairman, reported that the Committee had worked on the principle that the staffs of the CNA and the CNJ should be accommodated in one building.

The headquarters will be dignified, architecturally artistic, and in a location in Ottawa suitable for national and international relations. Desirable property is now owned by the CNA and plans for building CNA House have been completed.

A Greeting in Song

The St. John's Extension Choir of Memorial University of Newfoundland, under the direction of INATIUS A. RUMBOLDT, entertained at a well-attended concert on Monday evening. In their repertoire were several Newfoundland folksongs and a number from various Broadway musicals. It is of interest that Mary Lou Farrell, soloist with the choir, is a niece of the well-known singer Eileen Farrell.

The entire program was excellent. The choir and its director received a standing ovation from its appreciative audience.

Left to right: MISSES J. LEWIS, P. STIVER, MRS. P. BARRETT, MISS P. LARACY.

Tuesday, June 16

Recommendation I of the Pilot Project for Evaluation of Schools of Nursing, approved by the convention body in 1960, stated : "That a re-examination and study of the whole field of nursing education be undertaken." In 1961, DR. KASPER D. NAEGELE was appointed to conduct the study.

In his "Report of the Study on Nursing Education," Dr. Naegele stated that enough research has been carried put to prove that the bedside nurse *can* be educated in less time if the school has control of her educational experience. He found it difficult to understand why the old pattern of nurse education had continued to be reaffirmed in the light of this research. He suggested that more conflict regarding this issue exists among members

of the profession than is generally recognized ; that there appears to be a lack of interest among some members of the profession as far as making any change is concerned.

"The time has come to act and to assess acts," said Dr. Naegele. "Enough studies concerning present patterns of education have been completed. Research cannot take the place of decision."

Dr. Naegele's report and recommendations can be found on page 865.

MRS. I. MACLEOD *and* DR. K. NAEGELE

Later that morning, Dr. Naegele chaired the panel that discussed his report. Participants were :

Misses M. J. Anderson, director of nursing, Victoria Public Hospital, Fredericton, N.B. ; M. E. Cameron, assistant administrator, Winnipeg General Hospital, Winnipeg, Man. ; J. Gilchrist, director of nursing, Jewish General Hospital, Montreal, Que. ; M. Schumacher, Adviser to Schools of Nursing, Edmonton, Alta. ; Sister T. Castonguay, director, School of Nursing, Regina Grey Nuns' Hospital, Regina, Sask.

The following represent some of the opinions expressed :

It will take considerable courage to depart from traditional patterns of nursing education, but it is essential to do so. Recommendations made in the Weir Report have still not been implemented.

If students from basic programs could take credit courses at university, they would then have an opportunity to mix with others — although this would not completely solve the problem since it would be a "physical mingling" only. There should be a complete reorganization of curriculum so that it fits into semesters, rather than the block system.

MISS K. MACLAGGAN *and* DR. NAEGELE *discuss nursing education over a cup of coffee*

It is time for nurses and the public to rid themselves of the idea that students are the "poor people" in the community who should be paid. The student should pay tuition fees, be given the choice of living in or out of residence and pay for accommodation if she chooses to live in. If she is paying tuition fees, the program *must* be educational.

A newly-organized curriculum is necessary. We do not want "new wine in an old bottle."

Luncheon

Reverend G. H. EARLE, principal, Queen's College, was guest speaker. He gave a fascinating account of Newfoundland's long and colorful history. He spoke of the changes since 1900 and particularly since Confederation in 1949.

Group Discussions

The assembly was divided into groups to discuss Dr. Naegele's Report. Questions arising from these sessions were presented to Dr. Naegele and the panel.

Q. One of Dr. Naegele's recommendations is that a "College of Nursing" be set up in Canada. What would be the relationship of the CNA to this College ?

A. Among other things, the College would be responsible for setting standards and for carrying out research projects. There would be CNA representation in the College.

Q. Would a national curriculum set higher standards ?

A. Yes — and it would undoubtedly force some schools to close. Autonomy of each school would exist, but certain basic principles would be inherent in each.

Q. Why not place nursing education under each provincial department of education ?

A. Because these departments do not have the perspective compatible with professional education.

Q. Have you any ideas to propose concerning the financing of such programs as you have recommended ?

A. No. It would be necessary to investigate possible sources.

Q. Does the panel believe that nurses, in general, do not accept the evidence of the various reports and studies that have been carried out in the field of nursing education ?

A. Most nurses realize that the reports are correct, but lack the courage to implement them. Nursing service needs have impeded the acceptance and implementation of recommendations heretofore.

Wednesday, June 17

"We in nursing must have a commitment to improve the practice of nursing by putting into action proven solutions to nursing problems," stated Miss MARGARET D. MCLEAN, consultant, Hospital Nursing, Department of National Health and Welfare, in her address "Improvement of Nursing Practice."

Miss McLean discussed various avenues through which improvement could be achieved and emphasized that there is little point in trying to gain further knowledge if we are not applying what we already know to the practice of nursing. Her address will be published in the October edition.

Questions arising from group discussions were presented to Miss McLean :

Q. How would a hospital arrange to have consultant services from your department ?

A. It is necessary to go through the provincial authority — commission or department of health — to obtain this.

Q. Why do you not agree with the idea of having a ward manager on each unit ?

A. Because the ward manager's activities can be carried out by other departments and by an intelligent, capable, ward secretary.

Q. Could you explain your meaning of the term "clinical nurse specialist ?"

A. The role of this person is to give expert care to patients. She should be able to be promoted and her salary increased accordingly. She should have a degree and broad experience in nursing.

Q. Research is necessary to appraise and improve patient care. Is it not logical that at least one person in each province should be responsible for this ?

A. Some provinces do provide the necessary money. For example, Ontario has four nursing consultants employed by the Ontario Hospital Services Commission who have already carried out function studies in approximately 50 hospitals.

Q. You suggested the setting up of a "nursing care committee" in each hospital. Who would be represented on this committee and what would be its main function ?

A. This committee would be composed of persons who are experts in their particular field. Its only purpose would be to ensure *quality* nursing care.

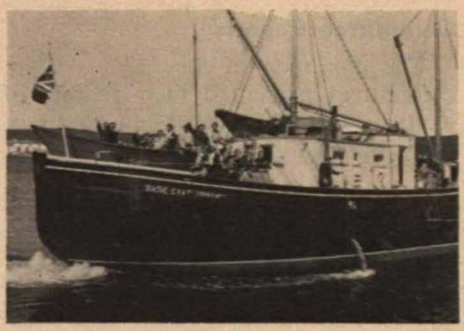
Time Off

Miss JEAN PIPHER, clinical co-ordinator, school of nursing, The Montreal General Hospital, kindly consented to write an account of the "Newfoundland Soiree" which several hundred nurses enjoyed :

The bus trip to the Soiree was a joy in itself. Skirting the shoreline through the picturesque communities along Conception Bay, the party arrived at the Velvet Horn in Holyrood. School children who had been given the afternoon off to welcome us, lined the roadside, waving flags and shouting hellos; the hostesses, dressed in slickers and sou'westers, greeted us warmly. It was unbelievable and heart-warming.

We will always remember the cruise to the squid-jigging ground. The friendly fishermen indulged the would-be captains, the fisherwomen, the authorities on bell-ringing, engines, boat building, and the shutterbugs. A delighted sister was the most successful fisherwoman, bringing in a 50 pound cod to prove her abilities. (Or was it 5 pounds ?) The smell of the sea and chewing tobacco, the view of the mountains, the

songs and the peacefulness are a few of the other memories we carry with us.



Off to the squid-jigging grounds!

Young Johnny with the freckles, explained that he would like to be a doctor and took a few of the group over to meet his grandfather. Others were entertained by two little girls doing the Newfoundland jig.

Who's more surprised — Sister or the fish?

Entertainment continued at the Velvet Horn, highlighting Newfoundland songs and dishes. The buffet table was piled high as 400 seafood connoisseurs filed by. The air and exercise miraculously increased appetites and "I'll tell you, girls, we had more than enough !" There were cod tongues and cod heads ; fish and brews and shrimp ; caplin smoked and caplin fried ; salmon fresh and smoked ; lobster salad and in the shell ; smoked ham and cornbeef ; plus all the "makin's."

"Pebble collecting" on the beach. Left to right: SISTER M. ELAINE, MISS BARBARA KELLY *(a Newfoundland nurse who took sisters on tour) and* SISTER M. FELICITAS

Most of the party strolled after supper. Some visited the quaint little store with its barrel of salt beef, tires and lanterns hanging from the ceiling. Others enjoyed the sailing boats and were directed to visit the Heartbeat Hotel which laughingly turned out to be a small structure housing a water pump.

Even an iceburg drifted in to welcome us!

As the sun set behind the mountains, the Sail boats on the bay skimmed over paths of pink and blue and the weary but happy party started home. Our contentment and gratitude were expressed in song :

When sun rays crown thy pine-clad hills,
And summer spreads her hand,
When silvern voices tune thy rills,
We love thee smiling land,
God guard thee, Newfoundland.
— SIR CAVANDISH BOYLE

Sisters on sightseeing tour around St. John's

Thursday, June 18

MRS. LOIS GRAHAM-CUMMING, executive secretary-treasurer of the Canadian Nurses' Foundation, reported that out of a membership of nearly 80,000 only 1,000 nurses were presently members of the Foundation.

Canadian Nurses' Foundation Booth

Many nurses took out membership at the CNF booth during the convention week but many more are needed if the Foundation is to meet its financial objective.

Committee Reports

The chairmen of the various CNA committees presented their reports of biennial activities, discussing points of particular significance.

1. *Committee on Nursing Service:*

Miss EDNA ROSSITER reported that a recommendation had been made to study nursing services in psychiatric hospitals and in allied agencies concerned with mentally retarded persons.

Inservice education "Loan Kits" were assembled by the Committee. They will be available (in English and in French) on loan upon request.

After studying current approaches being used to estimate nursing care needs of patients as a basis for estimating staffing requirements in hospitals, the Committee prepared a comprehensive historical overview of approaches to staffing the department of nursing service. No decision has yet been reached concerning the availability of this study. The Nursing Service Committee recommendation that: "A research project in a Canadian hospital be initiated by the CNA, to explore the nursing needs of patients, as a basis for estimating staffing requirements" was approved.

2. *Committee on Nursing Education*

Dr. Mussallem read this report in the absence of Miss MARY L. RICHMOND, Chairman.

Subjects of continuing concern to the Committee are: the desirability and feasability of a system of national examinations, psychiatric nursing experience for all students; the need for a re-draft of the "Policies Regarding Nursing Education and Nursing Service;" the recruitment of students into basic programs in universities; the place of auxiliary nursing personnel within nursing.

A brochure for recruitment of students into university programs has been prepared.

3. *Committee on Nursing Affairs*

Miss KATHERINE MACLAGGAN, reiterated the purpose of the Committee: To recommend to the Executive Committee, goals in terms of time and subject, such goals to be within the frame-work and function of the CNA.

The Committee expressed the views that

nursing needs: 1. a theory of its own; 2. to be recognized by nursing practioners as a profession; 3. a uniform set of standards; 4. to maintain a high quality of service.

The Committee reaffirmed the policies that: 1. all nursing education should be under the jurisdiction of institutions, the primary purpose of which is education; 2. financial impediments to nursing education should be removed.

This Committee will reconsider the objects of CNA as stated in the Act of Incorporation in order to bring them in line with present activities and purposes.

At this time, the president served notice that the affiliation membership fee will be increased at the next general meeting in 1966. She also announced that the International Council of Nurses has been invited to hold its 14th Annual Congress in Canada in 1969.

Nursing Award

Miss JEAN A. CUMMINS, clinical instructor in pediatrics at Calgary General Hospital, was awarded the 1964 W. B. Saunders Company Nursing Fellowship. She will use the scholarship, valued at $1,200, to complete her studies for a bachelor of nursing degree at McGill University.

Luncheon

Guest speaker at this well-attended luncheon was Mr. JUSTICE J. G. HIGGINS. His topic concerned the city of St. John's and some of its colorful folklore.

Special Reports

1. *CNA-CNJ Committee*

Mrs. Isobel MacLeod reported that a study of CNA-CNJ structure had been undertaken by a management consultant firm. One major recommendation was that all activities be under one administration and in one building. A task committee has been appointed to examine and implement the recommendations.

2. *Evaluation of the Quality of Nursing Service*

Miss LILLIAN CAMPION, director of the Project, reminded us that this study had arisen from Recommendation 3 of the Pilot Project for the Evaluation of Schools of Nursing in Canada: "That a program be established for evaluating the quality of nursing service in the areas where students in schools of nursing receive their clinical experience." The project is limited to hospital nursing.

Miss Campion and her assistant, Miss IRENE BUCHAN, have surveyed ten hospitals to date. This phase of the study will soon be completed. The next step will be to compile and analyze data collected.

3. *School Improvement Program*

This study, launched in 1960, arose from Recommendation 2 of the previously mentioned Pilot Project: "That a school improvement program be initiated to assist schools in upgrading their educational programs."

Miss GLENNA ROWSELL, director of the program, stated that information derived from 169 schools of nursing, 18 conferences and 22 workshops revealed that administrative control exercised over most hospital schools of nursing does not permit the faculty to achieve educational aims: learning experiences are planned to meet service rather than educational needs; lack of proper budgeting and insufficient financial support militate against the development of the educational program; the director of the school does not usually have authority over the administration of the school.

The report recommended that: the CNA School Improvement Program be discontinued in its present form; that a new approach, based on the interests stimulated by the project, be undertaken; that the beliefs concerning nursing education and the role of the nurse be established before the CNA give further consideration to a program of school accreditation.

4. *Expo '67*

Miss MARGARET WHEELER, nursing consultant, Division of Industrial Hygyene, Ministry of Health, Quebec, gave a brief but interesting glimpse of Expo '67 with its theme "Man in His World." It is expected that the project to encompass nursing will be in the area "Man the Explorer."

Miss Wheeler extended a welcome to all nurses to visit the Fair in 1967.

Friday, June 19

MRS. MACLEOD, *newly elected president accepts gavel of office from* MISS MACLENNAN

Business

Resolutions

1. That the CNA approach the Canadian Hospital Association and other groups or individuals they deem appropriate, urging that hospital boards select and appoint a well qualified Director of Nursing early in the planning stage of any new construction and that she be included in all planning of the physical plant.

2. That the CNA approach the authority responsible for the accreditation of hospitals, urging that the accrediting body establish criteria for the qualifications of administrators commensurate with the responsibilities inherent in the position.

3. That the Committee on Social and Economic Welfare sponsor an Institute with representation from all provinces to identify problems and establish priorities for action.

4. That the CNA accept Dr. Naegele's recommendation that the CNA in consultation with provincial bodies should immediately establish working parties to prepare for specific experiments, ideally in different parts of the country.

Miss HELENE LAMONT, president of the Association of Nurses of the Province of Quebec, extended an invitation to hold the 1966 CNA Biennial Meeting in Montreal. The members enthusiastically endorsed this invitation.

New Officers

President—Mrs. A. Isobel MacLeod.

First Vice-President—Miss Katherine MacLaggan.

Second Vice-President—Sister Mary Felicitas.

Third Vice-President—Sister Denise Lefebvre.

Representatives of the Nursing Sisterhoods:

Sister T. Castonguay, Saskatchewan
Sister Agnes Fleury, Manitoba
Sister Cecile Leclerc, Alberta
Sister M. Mooney, Ontario

In expressing a vote of thanks to members retiring from CNA Executive and Committees, Miss DOROTHY PERCY, Chief Consultant, Department of National Health and Welfare, paid special tribute to Miss MacLennan's leadership during the past biennium. Miss MacLennan was presented with a bouquet of red roses by the nurses of Nova Scotia.

The installation of new officers followed with Mrs. MacLeod accepting the gavel of office from the out-going president. In her acceptance address, the new president expressed confidence in the strength to be found in membership in meeting the problems which face the Association. Her address is printed on page 861.

Plans for Centennial

DR. JOHN FISHER, Commissioner, the Centennial Commission, gave a "thumbnail sketch" of some of the activities planned for the celebration of Canada's 100th birthday in 1967. He reviewed Canada's colorful past and the difficulties that faced the fathers of Confederation. He pointed out that Canada today has one of the highest standards of living in the world—yet is more admired abroad than at home. Plans for the Centennial include:

A "Confederation Train," that would actually serve as a travelling museum, with scenes depicting the story of Canada over 300 years; agreements with the provinces to construct a great many buildings—mostly of a cultural nature; military tattoos; a helicopter film of Canada; exchange visits for Canadian students throughout the country.

Dr. Fisher is a very dynamic speaker. As he talked about our country and the projects planned for 1967, he made each of us proud to be Canadian and enthusiastic about the Centennial celebrations. We had the feeling, too, that if an Air Canada agent had been pre-

sent he'd have had little difficulty selling tickets to those who have not yet visited each province!

Royal Commission Report

Mr. JUSTICE E. M. HALL, chairman, Royal Commission on Health Services, discussed some of the recommendations having implications for nursing. He pointed out that the Commission had studied various reports concerning nursing and had received considerable guidance from Miss Alice Girard, R.N., Dean of the School of Nursing, University of Montreal, one of the members of the Commission.

The chairman gave as the objective of the Report, "the achievement of the highest possible health standards for all." The Commission believed this would be best achieved through a comprehensive national health program, distinctly Canadian, based on freedom of choice (right of patient to select own doctor, who, in turn, is free to accept or reject patients and choose place and nature of practice) and financed through pre-payment arrangements.

Between 1961 and 1971, as many as 42,000 nurses must be added to the 1961 numbers to meet growing needs. Of these, approximately 20 to 25 per cent should be university graduates.

In our judgment, hospitals will remain as major factors in nursing education—but other programs should be instituted as well. A restructuring of nursing education should occur for these reasons: 1. a shortage of qualified instructors in hospital and university schools exists; 2. the "apprenticeship" type of training needs to be re-examined; 3. the period of instruction is too long; 4. some programs present theory in the first year only—making obvious the motives of the parent hospital.

The Commission recommends that there be two types of nurses: 1. graduates of university schools of nursing, prepared to instruct, supervise, or administer, (20 per cent); 2. graduates of a new type of diploma program, prepared as clinical nurses. Nurses of both categories would be eligible for registration.

Diploma Schools

Reform in the diploma programs is desirable and inevitable. The educational system should be organized and financed like other professional education. It will then prepare better personnel in shorter time and patient care will not be dependent upon apprentices. The changes should be made in stages.

A committee should be established to plan and organize programs; a new 2-year educational curriculum should be established and should provide a proper educational environment with access to hospitals for experience. The effect of this would be: 1. to accelerate recruitment; 2. to affect patient care given in hospitals since it would mean that hospitals could no longer count on students for service. This second point may be the hardest obstacle to overcome.

Students should pay tuition fees but financial assistance should be available in the form of bursaries; schools of nursing should have budgets separate from nursing service so that schools become wholly educational.

University Schools

All university schools should develop integrated programs; ten additional university schools of nursing should be established.

As part of a seven-year crash program, grants of $3,500 should be made available to graduate nurses to prepare them for university and hospital teaching; bursaries of $2,000 should be made available to registered nurses wishing to obtain a university qualification in nursing.

At least one university in each of Canada's four main regions should develop a master's degree program in nursing, one of which should be a French language school.

Efforts should be made to attract more men into the nursing profession. A new type of course could be established for men to train them as O.R. technicians.

Salaries of registered nurses should be commensurate with those offered in comparable fields.

Reactions to Report

A panel, chaired by Miss Alice Girard, gave their reactions to Judge Hall's Report. Panel members were:

Reverend Sister Bachand, director of nursing, Hôtel Dieu, Montreal; Misses G. Sharpe, senior consultant, Ontario Hospital Services Commission; J. Leask, director, V.O.N.; M. Crawford, assistant director, University School of Nursing, Saskatoon; Dr. D. Piercey, executive director, Canadian Hospital Association; Dr. Dixon, head, Department of Medicine, Dalhousie University.

Panel members were mostly in agreement with the recommendation that the hospital school of nursing should have a separate budget. The opinion was expressed, however, that an educational program should be provided by an institution set up for that purpose rather than a service institution. At least one member believed that it was important for the hospital to maintain this interest in education. It was suggested that the director of the hospital school of nursing should be responsible to the hospital board rather than to other hospital personnel.

There was general agreement that the educational curriculum would have to be revamped for the two-year program. The planners of such a program would have to identify the *educational components* when considering finances and curriculum.

Disagreement was expressed concerning the provision of financial assistance to students in the two-year diploma program. One panel member believed this was necessary if nursing was to compete with other professions in recruiting students; another expressed the opinion that it was unnecessary since persons in other fields, e. g., teachers are not subsidized financially. Judge Hall stated that similar bursaries are available for other careers and that the Commission had attempted to bring a "sense of balance" into the training of personnel.

Disappointment was expressed by one panel member that financial grants were not being recommended for persons already in the clinical area. Judge Hall replied to this by stating that the Commission was concerned with a crash program to qualify instructors; and that recommendations concerning the education of nursing service personnel could be made later.

Panel members agreed that more men need to be recruited into the profession. They expressed interest in the idea of training men as O.R. technicians.

CNA Reaction to Report

Miss MacLennan, on behalf of the CNA, expressed qualified approval of most of the recommendations of the Royal Commission on Health Services. In a prepared statement released to the press following the Royal Commission's report, she said:

We have not had an opportunity to study the report in detail, but it appears that it recommends many of the objectives of the Association. In some respects, the recommendations represent a modified version of the conclusions resulting from CNA research and in others we may find ourselves in disagreement.

The recommendation that separate budgets for education and service be maintained in hospital schools of nursing represents a forward step. If properly implemented, it would do much to give needed emphasis to the educational aspects of such schools.

The recommendation that hospitals make clinical experience available to students without claim on the students' time is a longheld objective of the CNA. This could bring to an end the highly unsatisfactory practice of requiring students to provide service in exchange for education.

We are in complete agreement with the recommendation that remuneration be commensurate with education and responsibilities.

We would like to give more study to the recommendation concerning the two-year diploma course. It can be done, provided the school involved has complete authority to control and assure the competence of the educational experience involved. Merely to compress the time into two years and continue to require service from the students would be entirely unsatisfactory.

The report recommends that 20 to 25 per cent of future graduates should be university trained. We had our sights a little higher, but if the recommended figure is achieved it will represent a significant forward step. The recommendation that qualifying postgraduate students receive annual grants of $3,500 will also do a great deal to assure the preparation of competent instructors. If the recommended seven-year crash program is to be achieved and the required 10 new university schools of nursing are to become a reality, such assistance in the preparation of instructors is essential.

We agree with the recommendation that more men should be encouraged to enter the profession.

Student Nurse Activities

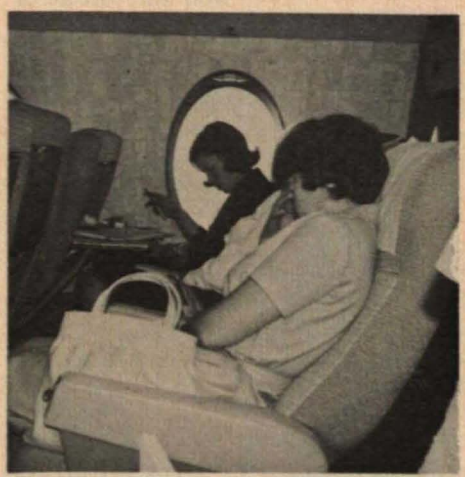
Nearly 200 students attended sessions throughout the week. Many had been financed by various student projects held in their home schools — from car washing to cake sales. They were an enthusiastic group who, when questioned, agreed that they now had a much better understanding of CNA and its activities as well as some of the problems inherent in nursing educa-

Quebec students proudly display trophy they won for presenting the most representative provincial skit.

tion and service. They also had an opportunity to become acquainted with persons from every province and to see another interesting part of Canada. Many students were accommodated in the new, ultra-modern fourteen-story residence which was officially opened at the St. John General Hospital School of Nursing by Premier Smallwood during convention week.

MLLE CLAMAGERAN *chats with students from St. Paul's Hospital, Vancouver. (L)* MISS E. MACVEY; *(R)* MISS M. KITCHEN.

The Committee for Student Activities, chaired by SISTER MARY XAVERIUS, had worked hard to provide an interesting program: a buffet supper at St. Clare's Mercy Hospital where students competed for a trophy (donated by a local firm), given for the most representative provincial skit (this was won by the Quebec students who sang



Even the students slept en route home!

a group of French and English folksongs) ; a tour of the city on the free half-day ; the annual Pink Stripe review. Student delegates attended some separate sessions and were addressed by Mlle Clamageran, Miss MARIE SEWELL, assistant director, nursing education, New Mount Sinai Hospital,

Toronto and Miss ANNA CHRISTIE, educational consultant, NBARN.

A number of students arranged to go "cod-jigging" in the evenings. They all came back with fish and, at last report, were freezing them and carrying them back home — unknown to Air Canada and their respective schools of nursing !

The students appeared to enjoy themselves thoroughly and, judging from remarks overheard, were themselves enjoyed by CNA members !

Commentary

It was quite a week ! The well-planned sessions were stimulating, challenging and informative ; the social activities were gay and memorable ; the people of St. John's were wonderful. Where else could one take a 3-hour taxi cruise around the city and end up with the driver refusing to accept any money ?

We couldn't stay in Newfoundland, as Premier Smallwood suggested, but we hope to return. We found warmth and friendliness wherever we went ; we found sincerity in people in every walk of life — from shopkeeper to premier ; we found in the people a consideration for others which sometimes seems to be lacking in the bustle of the larger cities.

We found the country rugged and beautiful — and we know that there's much more to see. And, finally, we hope to return because we had a successful meeting and a lot of fun !

V. A. L.

Nursing Profiles

Earlier this year McGill University announced the appointment of **Elizabeth C. Logan** as the new director of the School for Graduate Nurses. Her association with

ELIZABETH C. LOGAN

the School has been long-standing, starting with her work as lecturer in pediatric nursing in 1948. In 1950 she moved up to the post of assistant professor and in 1960 she became associate professor. For one year, 1961, she was on loan to the World Health Organization and during that time she acted as consultant to the Danish National Health Service.

A graduate of Yale University School of Nursing where she obtained her Master's degree, Miss Logan's clinical specialty and great interest over the years has been in pediatric nursing. She specialized in ward teaching and supervision at Yale University and pursued further post-graduate study at both Boston and Harvard universities. Her experience in the clinical field was concentrated on the care of children. She served as a head nurse at Children's Memorial Hospital, Montreal after her graduation, then joined the Henry Street Visiting Nurse Service, New York. Later she became supervisor of the neurological unit, Children's Hospital, Boston, 1940-47. She joined the staff of Children's Memorial Hospital, Chicago as supervisor of the rheumatic fever and nephritis unit for a year's experience immediately prior to her first assignment with McGill University.

Miss Logan is a past chairman of the Nursing Education Committee, ANPQ; a committee member of both the School of Nursing Committee and the Curriculum Committee, ANPQ; a committee member of the Canadian Conference of University Schools of Nursing.

It is a pleasure to congratulate her on her new appointment and to wish her every success and much happiness for the future.

A LEGACY OF PURPOSE

For some years now the presidents of the Canadian Nurses' Association have, like the presidents of the ICN, given a Watchword for the biennium to the membership. As I read the reports for the 1960-62 biennium there was no doubt in my mind but that the incoming executive would inherit many important and difficult tasks. New developments were imminent in education, in service, in the management of the association, and in planning for the social and economic welfare of our members. If the new executive and national committees were to discharge their obligations of office it would indeed be necessary to muster all of our courage and determination in the weeks ahead. So I gave you "Courage" as the Watchword for 1962-64.

Two years later we present to you an accounting of our stewardship. By design, a step-by-step report on the activities of the Association will be given by the Executive Director. I commend her report to you for your careful study and consideration. I will content myself with a few comments on the state of the profession in general, and of the Association in particular.

In 1962, in Vancouver, fitting tribute was paid to Miss M. Pearl Stiver whose retirement from the office of Executive Director and from nursing was imminent. It was my very good fortune to have been introduced to my duties as president by Miss Stiver before she took her leave. Dr. Helen K. Mussallem was appointed as her successor and she "picked up the reins" of office on May 1, 1963. The enthusiasm and vigor with which she has undertaken her new duties are an inspiration and joy to the President and colleagues alike.

Dr. Mussallem is peculiarly well fitted to develop the international responsibilities of the CNA. Since the publication of her study on nursing education in Canada, requests have been received from the four corners of the earth for her to "come and help us." Canadian nurses can take great pride in her contribution to the advancement of the cause of nursing education and nursing research. Indeed, Canada is being well served by her nurse-ambassador.

For several years the position of associate executive director appeared on the organizational chart of the Association, but there was no incumbent. In February, 1964, fortune smiled on the Association. Miss Lillian E. Pettigrew, well known to the nurses of Canada for her long association with organized nursing, was prevailed upon to accept this post.

One of the most exciting experiences of my term of office has been working with the CNA House Commitee. The ups and downs of the real estate game are as full of surprises as a "who-dun-it." After several hopeful starts and disappointing setbacks, the Association has finally taken possession of a piece of property on which will be built the long awaited house of our own, CNA House. I had hoped to be able to say that the sod had been turned, but this is just one more delay to be added to the tally. However, I trust that everyone of you will take note of the fact that, though "The House" is now a certainty, many pennies will be required to raise the walls and roof. I would ask that you keep this in mind when you are planning your various fund-raising activities at home, provincially and locally.

Concerning the state of the profession, I wish to comment only briefly. We will hear of developments in the major fields of nursing activity, that is, in nursing service, nursing education and research. Professional nursing has

come a long way since the first Nightingale School was organized over a century ago. Radical changes have occurred and equally radical changes will probably take place in the second century of development. We are very "centennial conscious" in Canada just now. It is fitting that nursing should take a look at its "centennial image."

A knowledge of nursing history is important in explaining the heritage of the past, as well as in showing the development of trends and problem areas that exist at present in nursing. It is no easy task to predict which path the profession may take in the future. Several problem areas are obvious. It seems safe to say that the way in which nursing meets these problems and reacts to current trends will determine its development.

One of the areas in which nursing organizations have been least effective is in bettering the economic conditions of their members. We are only too aware of our inadequacies in this respect. In an endeavor to correct this situation a new committee has been proposed whose terms of reference will be to promote the improvement of the social and economic welfare of the members of the Association. The CNA has provided a pension plan and for many years has endorsed the principle of collective bargaining by provincial associations on behalf of their members. Many problems still remain to be resolved. We have not found the answers during this biennium.

The sum total of the recommendations of the nursing organizations and agencies to the Royal Commission on Health Services for Canada emphasized the desire and purpose of the profession to provide the best possible nursing care to the people of Canada. Judge Hall, Chairman of the Commission will discuss the recommendations and their implication for nursing.

Nursing is becoming increasingly self-analytical. Studies of management and utilization of personnel feed back into the content of nursing and its administration. A gap will remain in these and other researches, however, until some objective criteria of the effect on patient welfare of differences in nursing care are defined. One of the ongoing programs in the CNA is the Study of the Evaluation of the Quality of Nursing Service. When these criteria are available, patterns of nursing service can be selected more wisely and hospitals can be more definite about the quality of care for which they stand.

Concerning education, I will limit myself to two comments. First, to quote from the CNA Brief to the Royal Commission on Health Services for Canada: "If the nursing profession is to maintain and expand its services to the people, it requires a continual supply of recruits into its educational programs." The CNA recommends "that the education of nurses be under the jurisdiction of institutions whose primary function is education" (Rec. XII).

The second comment concerns the problem of financing nursing education. The development of a profession is dependent upon its educational foundation. The problem of financing nursing education in hospital schools, which is the predominant pattern in Canada, presents a dichotomy of purpose that affects nursing education. When the clinical experience of the student is geared to meet the service needs of the institution, the educational objectives of the student are frequently disregarded. The apprenticeship system will continue in nursing as long as the majority of nurses receive their preparation in institutions whose primary objective is the treatment of the sick and injured. This is not to say that service institutions and hospitals do not have an important part to play in nursing education. They should not have to bear the cost of nursing education and administer and support an educational institution. Education of professional nurses should be placed on a true professional basis. This will only be accomplished when schools are placed under the jurisdiction of institutions where both professional and cultural instruction are provided. To quote a prominent nurse educator:

> Increasingly it is being realized everywhere that no technical training, however good, is sufficient for professional personnel. A broad understanding of the physical and social sciences on which professional practice is built and of the society which the profession serves is essential.

These are the problems of today, but what of tomorrow? It may be trite to say that nursing is in a state of flux, but we *are* in a period of transition. The same thing can be said of all the activities of our modern society. In this technological space age it will soon be commonplace to have an astronaut for a neighbor. In spite of such obvious problems, the future is promising. Fulfillment of that promise rests upon the shoulders of everyone of us. Have we the courage to accept these challenges? Charles F. Kettering said:

> The achievements of the past fifty years will be dwarfed by the things to come if we just keep our minds open and willingly contribute each day an honest day's work.

I close with a quotation from my acceptance speech. "We are not discouraged. We can say with the Apostle Paul 'we are troubled on every side, yet not distressed. We are perplexed but not in despair.' " We have a legacy of purpose and courage, so let us face the future with courage — for the future will last a long, long time.

E. A. ELECTA MACLENNAN,
President, 1962-1964,
Canadian Nurses' Association.

ACCEPTANCE ADDRESS

I accept the presidency of the Canadian Nurses' Association assured that the strength of an organization lies in its members. It is my awareness of the strength to be found in the membership of the association that gives me the courage to accept this important office. While I have had an opportunity during the past biennium to become acquainted with some of the problems facing our association, I have also had an opportunity to learn that they are more than matched by our strength as a profession. The leadership of our past president, Miss MacLennan, and of the presidents before her has well prepared us to meet the requirements of the next two years.

It has been the custom for some years for the incoming president to give a Watchword to serve as a guide for her period of office. I have given much thought to the choosing of a suitable one for the 1964-66 biennium. The most meaningful ones have been selected by previous presidents and quotations which came to mind seemed to be platitudinous. Perhaps it is no longer possible to express in one word, our aims for even two years into the future. With your permission, I will depart from this custom.

It seems fitting that something should be said briefly about what may be required of the Canadian Nurses' Association during the forthcoming biennium. There can be no doubt that our past president's Watchword "Courage" will still apply as we attempt to understand human need and to fulfill our role in meeting it.

Many trends can be seen in the treatment of disease and the promotion of health which will affect nursing in the near future. One is the trend to treat the social ills which are a part of individual and family sickness by the cooperative effort of professional, governmental and citizen groups. To fulfill this role, nursing must both consolidate and enlarge its sense of professional identity from within and deepen its understanding of its role as a partner and colleague.

On the one hand, nursing will have to be increasingly sensitive to the changing needs of society and to the contribution that it can make in cooperation with others in meeting them. On the other hand, its success in this social role will be influenced by its sensitivity to the changing needs and attitudes of its own members and its ability to meet these needs in new ways appropriate to the times. In both cases, our ability to communicate effectively among ourselves and with others will be of crucial importance to our success.

I have been encouraged by the evidence I have found inside our profession of a readiness to increase its effectiveness as a partner of all those engaged in the promotion of human health and well-being. I look forward to working with you during the next two years toward the attainment of our goals of continued professional growth and improvement, and constructive social participation.

A. ISOBEL MACLEOD,
President, 1964-66,
Canadian Nurses' Association.

THE NEW EXECUTIVE

In our July issues, you were introduced to the CNA president for the 1964-66 biennium, ANN ISOBEL MACLEOD. Now it is our pleasure to present the other members of the Executive who, together with Mrs. Mac Leod, will cope with the administration of an increasingly busy Association.

KATHERINE MACLAGGAN

KATHERINE MACLAGGAN, director of the school of nursing, University of New Brunswick, has moved up to the position of first vice-president. She is immediate past president of the New Brunswick Association of Registered Nurses.

Elected as second vice-president was SISTER MARY FELICITAS, director of the school of nursing, St. Mary's Hospital, Montreal. A graduate of Providence Hospital, Moose Jaw, Sister obtained her Bachelor of Science from University of Ottawa and her Master of Science from The Catholic University of America, majoring in nursing education. Her interest in professional affairs and her ability have involved her, over the years, in activities such as the chairmanship of the CNA Committee of Nursing Service, 1958-60, and of the Journal Board, 1960-62; membership in the Special Committee on the Pilot Project; regional visitor, Pilot Project; membership in the advisory committee to the pilot project in nursing service. She is a past chairman of the Canadian Conference of Catholic Schools of Nursing.

SISTER M. FELICITAS

SISTER DENISE LEFEBVRE is our third vice-president. A graduate of St. Boniface Hospital, Man., she obtained her B.A. from the University of Montreal; her B.Sc. in N. Ed. from St. Louis University, Missouri; her M.Sc. in N.Ed. from Catholic University, Washington. In 1955, Sister achieved the goal aspired to by so many — she had the degree of Doctor of Philosophy in education conferred upon her by the University of Montreal. She is the director of Institut Marguerite d'Youville, Montreal; has been an active member of many committees in the Association of Nurses of the Province of Quebec; is a past chairman of the Canadian Conference of Catholic Schools of Nursing and is one of our foremost Canadian authorities on the evaluation of schools of nursing — the subject of her doctoral thesis.

Representing the nursing sisterhoods we have, first of all, SISTER THERESE CASTON-

GUAY, director of the school of nursing, Regina Grey Nun's Hospital, Sask. A grad-

SISTER DENISE LEFEBVRE

uate of St. Boniface Hospital, Man., Sister holds her Bachelor of Science degree from Institut Marguerite d'Youville, Montreal, and her Master's degree in nursing from Catholic University of America, Washington. She is a vice-president of the Saskatchewan Registered Nurses' Association.

SISTER T. CASTONGUAY

SISTER AGNES FLEURY, the director of the school of nursing, St. Boniface Hospital,

SISTER AGNES FLEURY

Man. is a graduate of the same school. She obtained her Bachelor of Science in nursing education from Institut Marguerite d'Youville, Montreal. Sister has had special preparation and considerable experience in the field of pediatric nursing. Prior to appointment to her present position, she was successively clinical coordinator and assistant director of nursing education.

SISTER CECILE LECLERC, a graduate of Notre Dame Hospital, Montreal, is presently

SISTER CÉCILE LECLERC

completing requirements for her Master's degree from the Catholic University of America. Many of you will know her as the former director of nursing service, 1952-54, or director of nursing education, 1954-63, Holy Cross Hospital, Calgary.

SISTER MARGARET MOONEY

SISTER MARGARET MOONEY, assistant director, University of Ottawa School of Nursing, is the fourth member of the nursing sisterhood representatives and a well-known figure in Canadian nursing. A graduate of St. Joseph's school of nursing, Hotel Dieu Hospital, Cornwall, Ontario, Sister obtained her B.Sc.N.Ed. from the University of Ottawa and her M.Sc.N. from St. Louis University, Missouri. She is a former director of nursing of both the Hotel Dieu Hospital in Cornwall and in Kingston. She has membership in a number of professional associations including the Canadian Conference of University Schools of Nursing and the Canadian Conference of Catholic Schools of Nursing. Membership on the CNA Executive is a familiar experience for her since she represented the Ontario religious sisterhoods during the past biennium.

CARDIAC NURSING CONFERENCE

"Nursing Care of the Cardiac Patient" will be the theme of a clinical nursing conference to be held Nov. 11, 12, 13 at the Portland Hilton Hotel in Portland. Oregon. Co-sponsored by the Conference Group on Medical-Surgical Nursing of the ANA and the Nursing Committee of the American Heart Association, the meeting will feature prominent specialists in cardiac medicine and nursing.

Advance registration is required for the conference which is open to all registered nurses and members of allied health professions. Registration is limited and will be accepted in order of receipt. The fee is $15. For further information, conference registration cards and hotel reservation forms, write: Ethel M. Streuben, director of the Conference Group on Medical-Surgical Nursing, American Nurses' Association, 10 Columbus Circle, New York, N. Y. 10019.

* * *

Get rid of your own prejudices and there will be one less bigot in the world.

IDENTICAL DISEASES IN TWINS

A unique case of identical twins simultaneously developing not only breast cancer but five other diseases as well has been reported by Johns Hopkins Hospital, Baltimore. The other conditions were diabetes mellitus, thyroid and gallbladder disease, myomata uteri and hypertension.

The twins grew up together until they were 17 years old and later lived in similar environments. However, the physicians suggested that heredity played a major part in determining the development of the diseases.

— *The Horner Newsletter*

TESTING PATIENTS' PATIENCE

A Reuters dispatch from England reports that a man who had been on the waiting list for an appendectomy for five years received a postcard from a hospital in Blackburn asking if he was "still interested."

—*The Horner Newsletter*

* * *

Custom reconciles us to everything.

— EDMUND BURKE

STUDY OF NURSING EDUCATION

KASPAR D. NAEGELE, PH.D.

Needed developments in the education of nurses in Canada: some general recommendations.

Nature and Limitation of Report

Focus:

This was on non-university programs, excluding schools of nursing sponsored by religious bodies. University programs need a separate appraisal, but such an appraisal should, I believe, now wait on decisions concerning proposals in the present report. Schools of nursing sponsored by religious bodies pose their own problems. In addition, the special status of Quebec and the emerging patterns of federal-provincial divisions of labor should be taken into account in the negotiations that may flow from the recommendations of this report.

Manner of research:

1. Discussion and reading of submissions and published accounts; general absence of field work (with minor exception):

2. diary accounts (and some participant observations) of a university class and two classes of hospital students.

Character of this report:

In the main, this report sets forth proposals for change. These proposals do not flow automatically from facts. Rather, they presuppose certain general assumptions.

Proposals are offered as the considered opinion of one man. They will be embodied in a written document. Only general guidelines will be offered, for this report seeks to urge upon the Canadian Nurses' Association that it should now establish procedures for negotiating change in the pattern of nursing education. It must take the initiative. All details must be worked out by the profession itself and must be settled in a process of negotiation with various other professional bodies and governments. No outsider should do this on behalf of the nursing profession. I am, as an author of this report, clearly an outsider and should remain so.

Dr. Naegele is Dean, Faculty of Arts, University of British Columbia. He presented this report at the CNA 32nd Biennial Meeting in St. John's Newfoundland.

Assumptions

1. *Nursing can be a profession.*

All professions are subject to change (in the direction of greater involvement with bureaucratic organizations, third party agreements etc.). But any "genuine" profession is necessarily characterized by *at least* the following:

a. a growing body of knowledge which it both applies and increases;

b. control over the pattern of educating future colleagues, and separation of education from certification;

c. a tradition for the application of knowledge to the benefit of clients, together with a concern for certain central values of the environing society as a whole (in the case of nursing this is of course the complex of values associated with notions of health);

d. a balance of interest in the well-being of clients with an interest in the well-being of the practitioners of the professional enterprise. Such a balance necessarily involves a conflict. What is good for doctors and nurses is not necessarily good for patients. Neither doctors nor nurses can be guided by a simple notion of self-sacrifice. Professions need, rather, self-respect, including honor and income. Self-respect is the necessary condition for a genuine concern for the welfare of another.

2. *To a considerable extent, the*

above conditions do not now obtain in the field of nursing in Canada.

Any profession is constrained by *two* "masters," both of whom it must also master: *clients* and *colleagues*. The concern with clients, is, in turn, a double one: it is a concern with *individual* patients, considered uniquely and one at a time (though increasingly seen also as members of various social networks) and a concern with the *organization* necessary for the provision of services within various communities or regions (or nations). A profession must also be concerned with *itself*. Proper service only comes from those who value themselves. Proper remuneration is a condition of service, not a contradiction of it. Religious orders, in this regard, are exceptions that prove the rule. Nursing owes it to itself to demand better salaries, more autonomy, better educated instructors and students and deeper involvement in graduate study and research.

Developments in nursing should enhance the autonomy of the profession. To me this means :

a. A notion of the boundaries of nursing: what it is and what it is not;

b. a continuing and implemented interest in being the master of its educational patterns;

c. a concern with research and postgraduate work.

A changing segment of the nursing profession has argued a large part of this report for more than one generation. Recent research — rapidly growing in volume — has provided some evidence to confirm these views, but the nursing profession as a whole has been hesitant, slow and troubled — rather than decisive, prepared and insistent. Money alone cannot be blamed for this. The roots of opposition lie in the inner conflicts of the profession itself. Research will not cure these conflicts; action and proper controversy might.

3. *Nursing as a profession inhabits a division of labor in a more intimate way than may be true of other professions, including teaching, architecture and social work.*

Nurses are, in important respects, subject to medical authority. Nurses take orders from doctors. Doctors assume responsibilities from which nurses are rightly exempt. It would appear that in such a situation nursing must be considered a subservient profession, the responsibilities of which, if not the knowledge of which, are less than those of the medical profession. This is an inadequate description of the facts, and even more an inadequate prediction of the future. Nurses do not just uniformly know less than doctors. In some ways they know more. Often they know the patients better. Always in principle, especially in hospital, their clients constitute a half voluntary company of unequally ill people whose mutual presence has a bearing on the course of recovery and on the meaning of illness itself. Nurses in this report are considered in their own right. They are neither doctors nor social workers.

All of us will be realists enough to know that the realm of nursing, for all its autonomy, is caught in a stratified division of labor. The medical profession does exact more honor, income and power in our society than does nursing, which, nevertheless, is larger in numbers. This general fact, however, is no necessary obstacle to the development of professional autonomy within the realm of nursing. Nurses, then, see patients in a more sustained way than is generally true of doctors. They see relations among patients and, as generally salaried professionals, they can and must become knowledgeable and wise about organizations.

4. *The education into a profession and hence the education of nurses must combine the following:*

a. The learning of basic ideas in a number of fields (including biology, the humanities and the social sciences).

Increasingly, with the enormous growth of detailed knowledge, a sense of mastery in the professions will involve the learning of general ideas with which information can be organized. Such learning typically requires an ability to express oneself. Such an ability in turn requires opportunities for both writing and discussion. Such opportunities make special demands of teachers.

b. Learning through observation, example and practice of a series of skills, procedures and modes of management pertaining to human illness.

Such learning demands apprenticeship in the best sense of that word, i. e. the presence of a competent older practitioner from whom one can learn practices, through association, which cannot be fully described in books or simply learned from them. In the case of nursing, modes of management always involve both clinical procedures and administrative arrangements. Nursing teachers should be properly conversant with the ideas implicit and explicit in the more theoretical part of the student's education. In professional education, it is all too easy to expose students to poor patterns of practice in the wake of sermons on the ideal. This discrepancy leads to various kinds of cynicism.

c. Observation of and participation in diagnostic and other case conferences during which a student has an opportunity to see the various perspectives which can be brought to bear on a single or a series of cases ; and so can learn from these as well the interrelations between illness and wellness, the ways in which the plights of some involve the strength of others and vice versa.

For the time being, there will probably have to be two "levels" of nursing. Non-university settings will be appropriate for the education of one of these. It is unrealistic to expand university programs of nursing education so that within these all nurses of Canada would be educated. I doubt that the universities are in a position to do this ; nor would it seem warranted on other grounds. To be sure, we need larger numbers than we now have of university educated nurses who will be instructors, who can do research, who can assume administrative and other coordinating responsibilities, and who can provide new ideas for necessary changes within nursing practices. Such people also should increasingly be used when decisions are made about new hospitals, and when new practices of care are evolved both within hospitals and outside. Yet we also need clinical nurses within hospitals. These, it seems quite possible to educate outside universities within a two-or three-year program following completion of high school and possibly first year university or Grade 13. On terms set by the universities it should be possible for some students of non-university programs to continue their education at a later point within a university program.

5. The nursing profession will have to combine unity with diversity, including the diversity of specialization. Increasingly, nurses will have to work outside traditional hospital settings. Nurses will have to shift — sometimes back and forth — between positions demanding autonomous decisions and positions demanding various kinds of cooperation.

Need for Action

1. The inadvisability of :

a. Further studies of nursing education. The facts are in ; but facts are not enough.
Research cannot take the place of decision, risk and experiment. All are needed on a large scale ;

b. Further school improvement programs ; these will entrench a slightly improved pattern and block a better one, unless they are directed toward making the school autonomous.

2. The advisability of experiments.

a. Non-university programs of nursing necessarily raise, as a minimum, the following major issues :

1. *Autonomy*

a. Presently, most hospital schools of nursing are part of the hospital as such. They provide service for a service institution. They do not, as a rule, have a clearly separate budget nor are the directors of schools generally members of the hospital boards. The school's finances have to be justified to a hospital administrator whose resources in turn involve federal and provincial funds geared to the provision of services and the reduction of their cost. The staffs of schools of nursing become part of a wider routine applying to the hospital as a whole.

b. The separation of service and education still leaves open the question of the affiliation of nursing education with other existing educational systems including universities, junior colleges and technical and vocational institutes, as well as the public school system and departments of education.

2. *Duration*

The relation between previous education and subsequent professional competence is

never a simple one. To a large extent we are guided by tradition rather than evidence. The evidence on two year programs would suggest that these are viable and provide acceptable practitioners, though it may be true that most of their students are more intelligent than tends generally to be the case for nursing schools across the country as a whole. Still, the general education of the population is improving. When the service provided by students is virtually eliminated, while learning at the bedside would of course continue, the time needed for the education of a certifiable nurse could surely be reduced.

3. *The status of students*

This involves questions of entrance requirements, of reimbursement versus fees and of the patterning of the private life, including residences and their regulations.

4. *The character of nursing education :*

a. The search for an appropriate model : technical education or professional education ; apprenticeship versus reason.

b. Relation between the specific requirements of nursing and the three sources of fundamental knowledge relevant to nursing :

biological and physical sciences
humanities
social sciences

5. *Certification*

a. The R. N. exam ;

b. the question of student appraisals by clinical instructors ;

c. The necessity of repeated appraisal, both for those returning to the profession after an interval and for those whose present practices are separated by many years from their formal education.

6. *Costs*

The present support of nursing education through hospital commission and other federal and provincial funds may mean the loss of this revenue in the event of the separation of schools of nursing from hospitals. There will be need for alternance sources of money.

B. With these issues in mind, I would propose that the Canadian Nurses' Association consider the necessary details allowing for the following :

a. Autonomous schools of nursing, using hospitals for educational purposes, guided by small boards, receiving their income from various sources ;

b. two-year programs ;

c. all entrance requirements to include high school graduation ;

d. all students pay fees (and/or are eligible for bursaries) ;

e. all instructors (eventually) to be university trained ;

f. finances for such schools to include federal and provincial support for technical training (including moneys for bursaries) ;

g. schools to have small boards which should include members of university schools of nursing. Directors of schools to be full voting members of boards. Boards to elect their own chairmen. Boards of nursing schools of province (other than university schools) to be linked to a province-wide council of nursing education. Nursing education should not be under provincial departments of eduction. Such departments are operative in the sphere of general and technical education ; nursing does not really fit either category. It must be autonomous and parallel such other professions as medicine, law and dentistry. Provincial councils to be linked to a Canada-wide College of Nursing. Detailed composition and function of these bodies to be immediately worked out by a working party of the CNA and of provincial associations as part of its work on other proposals of this report.

h. The curriculum of non-university programs of nursing education should provide an opportunity, through offerings in biology on the one hand and humanities and social sciences on the other, for an exposure of students to certain fundamental ideas now current in the field of biology and to the task of analyzing such human phenomena as suffering, recovery, loss and attachment, body images and the nature of impersonal in contrast to personal institutions.

i. Student life to include residential living as an option. Residences as such are neither a good nor a bad thing. They have been badly used. They should have more flexible rules and more flexible facilities, including suites of rooms with common living room and small kitchens. Spirit of these schools would — negatively put — exclude present sentimentality, roses, capping (and, in secular schools, peremptory religious exercises). Religiously sponsored schools could easily follow similar lines of experimentation with proper adaptations. Positively put, the spirit of these schools would include :

1. Treatment of students as (adolescent) adults who can think for themselves ;

2. self-respecting staffs whose obligations include time for reading, thought and some tutorial teaching. A staff member of such a school should be entirely free about times of arrival and departure (unlike staff nurses in hospitals). Salary schedules for staffs of schools of nursing should be considered separately from salary schedules of staff nurses.

3. Hospital schools of nursing should more fully recognize the fact that they are educating for a profession whose members often do not wish to stay in it, or at least who may wish to leave it for a while. Educational programs, therefore, should make allowances for students to marry, to return after children are older, and thus to have among their students future colleagues who will not, in fact, join the ranks of the profession until after an interval of some years. Their present education should be concerned with this more distant future. Schools of nursing should not prohibit married students from entering their ranks. Two-year programs would presumably reduce night duty. Nor is residence living a necessary prerequisite for the proper journey into the profession. Pregnancy should pose no special problems to nursing education different from those it poses in any other walk of life.

General Summary Recommendation

CNA, in consultation with provincial bodies, should immediately establish working parties to prepare for specific experiments — ideally in different parts of the country — along the lines suggested in this paper. Such experiments should be appraised.

A STUDY TOUR OF ENGLAND, DENMARK, and FINLAND

DORIS I. SMALL

This tour was planned by the Canadian Nurses' Association, in cooperation with the National Nurses' Associations in the three countries that the author was privileged to visit.

ENGLAND

On that lovely summer evening as I boarded the 10:00 p.m. BOAC jet flight to London, I suddenly felt as we became air borne, that all the responsibilities and concerns of the past few weeks, regarding staff and program, were earth-bound while I, like the plane, was soaring off into space with that wonderful free feeling that we all experience periodically in our lives. After dinner, while in conversation with my fellow passenger, I discovered that we were not only graduates of the same hospital, but had been born and gone to school in our youth within 40 miles of each other. Sleep was forgotten; time slipped quickly away. I was amazed when I heard our Captain announcing that we would be landing in London in 20 minutes.

My first appointment was at the Royal College of Nursing. The Secretary of the International Department had kindly made the arrangements with the Queens' District Nurses for my entire visit in Great Britain. I spent my first day meeting the nursing officers of the various departments in the College, who provided me with the necessary background for my future field trips.

The Royal College of Nurses is the professional organization, and one of the postgraduate educational institutions for nurses in Great Britain. It was a busy day for the College. There were new arrivals from all over the

Mrs. Small is district director of the Montreal Branch, Victorian Order of Nurses. Next month she continues the story of her visit with an account of her experience in Denmark and Finland.

Commonwealth, but nevertheless the authorities insisted that I should speak to the students. It was a privilege. Afterwards many of them came to ask me about opportunities in Canada.

Langthorne Hospital

Before leaving the College, one of the secretaries provided me with travel instructions for my visit to Langthorne Hospital on the next day. This hospital, a geriatric centre, is situated in the East end of London at Leyton. Leaving the underground I had a very pleasant walk of about 15 minutes in order to reach it. This is an old institution dating back to 1840. It consists of many units and, before Health Insurance was initiated in 1948, was used for the elderly and sick destitute. The buildings, one or two stories in height, had few modern conveniences. The patients were assigned to various units according to their abilities and stage of rehabilitation. The area that interested me was the *temporary stay unit*. I asked the matron if I could visit it and observe the rehabilitation services.

This unit was located in two buildings, one for female patients, one for male patients. They were identical in layout, bright, clean, homelike. All of the patients, 150 in number, were up and dressed in their own clothes. They are encouraged and helped to look after their personal hygiene and individual bed units. The daily regime is planned according to individual capabilities. Patients attend the physiotherapy department, which includes a self-care unit. Here, they are taught the activities of daily living such as cooking, preparing their own meals, washing and drying dishes and, in general, any other normal activity that would be carried out in their homes. Diet receives considerable attention, especially for the patient who, in addition to his particular disability, is handicapped further with a weight problem. The sister in charge of the unit said that poor diet was one of the reasons that she felt patients did not progress as well as they might, especially when they live at home.

The medical director, who had been at Langthorne for over 15 years, instituted the temporary stay unit, because:

> there are still too many of us who, when presented with the problem, think in terms of debilitating custodial care, rather than guided rehabilitation. The major problems of the aged are not reflected in physical signs or laboratory findings, but in the anxieties and frustrations nurtured in a domestic setting.

This category of the aged is far from inarticulate. At home their constant complaining is sufficiently monotonous to drain their relatives emotionally and to precipitate psychiatric illness. As the director noted,

> One of the organs that never shows any signs of age is the tongue . . . . To remove the elderly from the domestic setting, and place them permanently in long stay units, or, worse still, in chronic sick hospitals, is a half measure. It fails to cater to their real needs, which are basically psychological.

As a result of this belief, he instituted the procedure known as "six weeks in — six weeks out."

There are no direct admissions to the unit. A patient is first seen in his own home by one of the doctors from the unit, on request from the general practitioner. He is assessed for his suitability for this particular unit. If he is acceptable, the patient and family are very carefully informed of the procedure and made aware of the fact that permanent accommodation will not be given but that the patient is to spend six weeks in the unit followed by six weeks at home. Discharge and readmission continue as long as necessary. At the end of the hospital stay, the patient and family are given the date for readmission. This is of great practical importance, the director said. The entire household can be reorganized and routines established which add depth to living, not only for the patient but for the family. He also noted that many elderly patients are fearful of hospital, and think that they will never return home.

When the patient is ready for discharge, the Health Visitor, the patient's general practitioner, and a member of the family meet to plan for continuing care so that the patient will not regress. The district nurse keeps the doctor informed; the doctor provides the link with the geriatric unit. My visit to this amazing and interesting hospital ended at 6:30 p.m. My thoughts as I walked

back to Leyton Station were absorbed with the words of the director:

The need for care for the aged will increase. No matter what medical and social progress is made, families will be required to share this care. The stress imposed on families is not fully appreciated. This stress can only be measured by a home visit. Many families only wish the burden to be lightened. The temporary stay unit accomplishes the task of making the burden lighter.

Queens' District Nurses

The next three days were spent with this organization. I found my way quite easily to Lower Belgrave Street, the headquarters of the Queens' Institute of District Nursing. Since its foundation in 1887, the Queens' Institute, under the terms of the Royal Charter granted to it in 1889, sets out to promote and advance the recruitment and preparation of district nurses. In discussion with the director it was evident that the Institute has a definite place in the over-all Health Insurance Scheme in Britain.

As on the North American continent, much thought is being given to the education of nurses. There are many pilot projects in progress so that nurses may have the educational background and skills to carry out their duties in all specialized areas. One of these research projects was initiated by the Queens' Institute through the foresight of Miss Goodwin, the former educational director.

The project started in 1957 at Hammersmith Hospital, London, in conjunction with Battersea College and the Queens' Institute. The course, which is of four years' duration, includes the principles of social and preventive aspects of nursing. The carefully selected students, whose academic background must be university entrance level, receive additional tuition and preparation at Battersea College and the Queens' Institute. These students form part of the student body of the School of Nursing at Hammersmith.

At graduation the nurses are prepared to assume first level positions in the hospital or community. The Queens' Institute coordinating tutor told me that these students, who now number 35, all passed their registration examinations with distinction. The course is being revised for students with higher academic standards.

There are also pilot projects in operation at the universities of Manchester and Edinburgh. Change in nurse education in Great Britain is somewhat more difficult in the face of time and tradition.

Kensington District Nursing Association

The Kensington District is situated at 16 Holland Park, and I found Miss Balfour, superintendent, and Miss Wright-Warren, her deputy, waiting for me. The latter acted as our chauffeur. All visits were carefully selected, and provided me with a cross-section of the particular area covered by this branch. In our terminology we would call it borderline. The nurse whom I accompanied was a joy to watch at her work. Her nursing care was excellent; every motion counted. Her families were prepared for our visit, and you knew that they had the utmost regard and respect for her. I had an opportunity to review the social set-up and the services available to patients and families. These included home maker services, meals on wheels, laundry facilities and special nursing care equipment. As the morning progressed I became increasingly aware of the importance of the role of the general practitioner, and of teamwork among the personnel in the community. The district nurse, obviously, was the pivot of the team.

Since distances to be covered are not too great, and since families and patients are prepared for visits and have access to various ancillary services, the nurse was able to make nine visits between 8:30 a.m. — 1:00 p.m. We returned to the district home at 1:15 p.m. to find everyone waiting for us for dinner, in a lovely dining room overlooking a beautiful, enclosed garden that afforded complete privacy. All nursing staff return to the District Home for dinner. There are 31 nurses on the staff. During the year, nineteen of them completed their preparation, and five students from Hammersmith received their affiliation. Most of the students live in the District Home but the permanent staff lives

out. The caseload was heavily weighted with patients suffering with chronic illness; the larger percentage was in the older age group. The inservice program concentrates on rehabilitation nursing. Refresher courses are held in the various districts each year.

Miss Balfour and Miss Wright-Warren devoted their afternoon to me in order to discuss the various aspects of the nursing program. It is a busy district, and is administered on the team concept. The nurses work from 8:30 a.m. until lunchtime when they have a short break. They return to the district at 2:30 p.m. There are two nurses on call after 6:00 p.m. for essential nursing care, usually injection therapy. The nurses work in teams of five, with a senior worker who acts as team leader and is responsible for the administration of the work load. Miss Balfour felt that this program was excellent for the patients, since they got to know the team members, and the team members knew their patients. It provided an opportunity to prepare nurses for positions of responsibility resulting in job stimulation and satisfaction.

The Council, which we know as our board of directors, is very active. Since the introduction of health insurance, there has been representation from the London County Council. Miss Balfour stated that there was excellent communication between all community services and that the work of the Queens' Institute was now much better known. All operating costs of the Kensington District Nursing Association are covered by the London County Council with the exception of seven per cent which is raised by voluntary effort. This voluntary effort consists of the Alexandra Day collections, held each June as a door-to-door canvass. In addition, many private citizens and service clubs help financially.

"Home helps" was an area of special interest to me, and I inquired about this service. It is one of the greatest assets arising out of health insurance. In the Kensington area, this service is provided through the Home Help Organizer of the London County Council. There are specific training centres in London, but many of the workers are prepared on the job, and are supervised by the district nurse. Most of these people work on an hourly basis, being assigned to homes that they visit routinely. In addition to this hourly service, home helps are available for night duty, in order to relieve the family if the patient requires considerable attention.

"Meals on wheels" in Kensington, is available only for geriatric patients. It is hoped that this service will be extended to others shortly. It is provided by a voluntary organization but is subsidized by the local authorities. The laundry service, which is under the direction of the Home Help Organizer, is also very valuable. Soiled laundry is collected daily and delivered to the washing centre where it is washed and sterilized before being returned to the home.

Transportation for nurses is not a problem. Most of them drive their own cars and are paid an allowance on a mileage basis. A few nurses still prefer to ride their bicycles.

Hertfordshire County Health Unit

All too soon I had to leave to catch the train to Hatfield in Hertfordshire, where I was to spend the night and the following day with the Chief Nursing Officer of the local County Health Unit. The County of Hertfordshire lies to the northwest of London and is situated mainly on the Chiltern Hills. Besides agriculture, dairy farming and market gardening, many important industries have been developed recently.

It was delightful to see the rolling country, homes and lovely gardens. I was met by Miss Vera King, Chief Nursing Officer, who took me for a drive so that I could see the town. As we travelled, Miss King briefed me concerning the Country Council setup. She showed me the health centre that had just been completed. It was very modern, all on one floor, spacious and attractively decorated. It was adjacent to a very modern shopping centre and church. The seat of the County Council is at Hertford, a distance of 12 miles, and Miss King had her office there. This, too, was a new building, spacious, well-furnished, surrounded by rose gardens. I do

not believe that I have ever visited a building before with so many departments all under one roof.

The division of particular interest to me was, naturally, nursing. To find all services so well coordinated and under one administration made me rather envious. I realize that this county set-up is probably the show place of Britain but Miss King said that all county units operate along similar lines. Hertfordshire's progressiveness was accounted for by rapid industrial expansion and population growth.

To assist with the over-all administration of nursing services in the county, Miss King had two assistants and six nursing officers. The nursing officers were located in strategic areas within the districts. Their offices were situated in health centres with all service personnel working out from them.

Each health centre, 145 in number, has all of the necessary office and clinic facilities, social and welfare services, day nursery, ante-and postnatal clinics. The nursing personnel consists of health visitors, district nurses, the majority of whom are midwives, and state enrolled nurses. The state enrolled nurse corresponds to our nursing assistant. The latter is employed for night nursing. This night service was available only to patients who were receving care by the district nurse.

Nursing services are so arranged that there is no duplication. There are 191 nurses who provide all of the nursing services with which we are familiar; school nursing, child health care, visiting nurse care, ante-and postnatal clinics, follow-up care, educational group work, nurseries and kindergartens for children of working mothers. Liaison programs have recently been developed, especially in the pediatric clinics. Health visitors are being attached to medical group practice clinics. Other available services include home help — considered to be the most valuable — since, "through it, the old were able to continue in the community ; the ill, to relax both in mind and in body ; the nursing mother, to give full attention to the new life beside her." In 1962, 6,000 patients were provided with home help service. The older citizens received the lion's share.

This service is administered by the almoner home help organizer with whom I spent some time. He said that there was little doubt that much more help was needed by the elderly. A pilot project, known as the "good neighbor service" was being developed in the East Herts area. Neighbors are recruited and paid by the County Council to provide assistance to and relieve the loneliness of the aged. While this scheme is for selected patients only, it seems to be a satisfactory answer for those who need intermittent assistance. I asked about the availability of part-time home helps. This is not a problem, because of the recent industrial expansion. There is no special training, but the organizers, who number four, do the screening and the supervision, when there is no nurse in attendance.

Another service that is of great comfort to the elderly citizen is chiropody. The general practitioner refers the patient to the chiropodist. If the patient is mobile he goes to the clinic ; if not, the chiropodist visits him at home. This service is available to all recipients of National Assistance Allowance.

Warlingham Park Psychiatric Hospital

With the passing of the Mental Health Act in 1959, the Communities Mental Health Services have expanded rapidly, especially in the preventive and aftercare field. The 10-year plan, the Chief Medical Officer of Health stated, provides for one mental health welfare officer to each 25,000 population. Inservice education in the area of mental health is very active. Health visitors and district nurses attend group sessions at the Napsbury Psychiatric Hospital.

The next two days were spent in Surrey County, at Warlingham Park Psychiatric Hospital and the Oak Day Centre. The hospital is in a park and its gardens and flowers are beautiful. This is a comparatively new hospital, built in 1900. Rehabilitation is the aim of the care given ; 60 per cent of the patients are over 60 years of age. The object is to have the patient returned home as quickly as possible.

The open door program is the policy here and was introduced by Dr. Reese, medical director at Warlingham for many years.

A tour of the hospital had been arranged for me but, at my request, I spent the time in the department where the patients were being prepared for discharge under the guidance of a nurse in charge of a womans' unit. I was impressed with the individual care and thought given to each patient. The patients, for the greater part, were on drug therapy, and independent, at this stage, in relation to their personal hygiene. Each woman was assigned certain duties such as serving meals, preparing the tables, making beds, dusting, care of linen, mending, planning recreation periods. Some attended the training centre where they were being prepared for work positions on discharge. Patients are paid, according to their ability, for their work contribution. Many of the domestic staff are former patients.

On discharge, the patients are referred to the day centres for continued medical care, and for follow-up in their training and recreational programs. The two problems of concern are : follow-up care in the home in order to see that the patient has his drug and that he is taking it as instructed ; housing, since many of these patients live alone and it is difficult to find boarding homes or rooms. The situation is improving with better facilities for care and education of the public in relation to this health problem.

The nursing staff, with the exception of the matron and her deputy, are all psychiatric state registered nurses. It was evident that they felt that the average state registered nurse, health visitor or district nurse was not prepared to work in this field.

The hospital area is very much of a community. Patients have all the facilities they would normally have at home: A laundry, hair dressing salon, shops, recreation centres with theatre accommodation, T.V., concerts, dances, church services, sporting facilities and a library. They wear their own clothing and care for it themselves as their condition improves. In spite of the short time that I spent in this hospital, I felt that there was a warm atmosphere. Rules and regulations were kept to a minimum — a minimum, of course, that considered all safety factors for the patients.

The Oak Day Centre

Arrangements were made for me to accompany the driver of one of the hospital vans to the Oak Day Centre, where I could get a bus back to London, and would then be familiar with my travel next morning. This was a delightful journey. My driver, who had been on this job for 15 years, thoroughly enjoyed telling me the history of the entire area through which we drove.

My one day at the Centre was all too short but it was evident that the 10-year plan that is being put into action by the Health Insurance scheme is concentrating on the community aspects of health care. The Centre is housed in a very old building but the nurse in charge informed me that a new building is under construction. The Oak Day Centre accommodates about 50 patients. In addition to the charge nurse there are four other nurses — one a permanent staff member and three others who rotate from the Warlingham Park Hospital. This particular centre also works closely with the May Day Clinic at Croydon May Day Hospital.

The May Day Clinic is a treatment clinic, while the Oak Day Centre provides group therapy and training facilities with home visiting services. The home visiting is done by the permanent staff nurse and the three nurses on rotation. They average 100 visits per month and also man the May Day Clinic. Again, I wondered why the health visitor and district nurse did not participate in this visiting part of the program, but was informed that these nurses were not prepared in psychiatry. They did, however, work closely with the visiting psychiatric nurse when there was physical illness or mothers and infants in the home. This Centre has established a "boarding-out scheme" similar to our foster home care for children. In addition there are several "after-care institutions" operated by voluntary groups and subsidized by the local au-

thorities. There are plans to establish "half-way houses," and hostels for the older patients.

The Oak Day Centre provides services for both men and women. Occupational therapy concentrates on training and has a close liaison with the Labor Exchange. The officers from the Labor Exchange come to the Centre for the discharge conference to help with the assessment of the patient's work ability and placement.

This program with the Labor Exchange is available throughout Britain. There has been a noticeable improvement in attitudes towards the employment of these patients but there still remains some resistance.

(To be concluded in Oct. issue)

Customs of Italian Immigrants

LORRAINE KING

You enter a different world when you walk along College Street West in Toronto, with its window displays of sausages, clothes racks and wares perched outside the little shops and Italians milling about, exchanging news. You are in Toronto's new sub-cultural area, the Italian district.

Immigration statistics for 1962 stated that 306,878 Italians had come to Canada since the Second World War ; an estimated 200,000 settled in Toronto. One out of 12 people in Toronto of Italian origin and some streets have a 90 per cent Italian population. It is inevitable that with such large numbers making their home with us, we will be confronted with the customs and traditions of their homeland. We encounter them in our daily lives at business, school and social events ; we are sometimes frustrated by them. But it is not without reason that the newcomer thinks, feels and behaves as he does.

Customs and folkways are a part of every ethnic group in existence and form the established mode of action in that group. Custom is both a cause and an effect of habit. The habits of an individual reflect the customs of the community in which he lives ; the customs of any social group receive their vitality from the habits of its members. Custom can be a factor both of cohesion and of division among men. As one would expect, customs may differ from village to village in the same country.

The group being discussed constitutes the people from southern Italy, mostly from Sicily. I will confine the discussion to this group using "Italian" in reference to them. I will also be more concerned with the recent immigrant, since older ones have already blended many of their customs with the Canadian way of life.

One year, I worked as a home visiting nurse and made a large number of visits to Italian homes, mainly to expectant mothers. I could never really understand why we were attempting to force our food habits on them. Since coming to Canada, Italians can afford to buy much more meat and their intake is large. In Italy, even spaghetti and meat balls are expensive and reserved for festive occasions. Eggs are rarely consumed at home and milk is left for the children. In Canada, they can afford these things but sometimes out of habit do not eat them. Chicken and vegetables are very popular and most Italians manage to plant a small garden in the back yard. You may have met a live chicken in the street car being carried home for the kill. Since a majority of these people were farmers, it is not unusual for them to bring home chickens, pigs and

Miss King is a graduate of St. Joseph's Hospital school of nursing, Port Arthur, and a former staff member of the St. Elizabeth Visiting Nurses' Association, Toronto.

even goats, slaughter them in the basement and consume the product. Indifferent to public health laws and very conscious of taste, they feel that if food is fresh, it is more delicious. They are suspicious of frozen food that has been in storage for three or four weeks before reaching the consumer, and it will be some time before they accept this new form of purchase. The ladies like to shop daily at the market and serve the family fresh, tasty meals. Associated with eating is drinking wine. The Italians are, in fact, the pioneers of wine drinking with meals in Toronto.

Most Italians make their own wine, in groups or individually, since it is far less expensive, has a lower alcoholic content and can be made to suit their taste. They can make a gallon of wine for $1.50. Some, I learned after sipping a large glass of delicious crystal wine, wear large, sac-like boots while crushing the grapes with their feet. In addition to wine, they make liqueurs which are served to a guest after meals or with cookies. Most families drink wine daily with meals, consuming, on the average, one or two glasses with the main meal. An Italian finds it difficult to understand how anyone could become intoxicated on wine. Drunkenness is looked upon as degrading and is a minor social problem in Italy and here, among the Italians.

The family unit is a very close one. When an Italian says "my family," he means mother, father, brothers and sisters, in-laws, nieces and nephews, husband or wife and children. This can even extend to aunts, uncles and cousins. The interrelationship of this family group affects each member's morals and behavior to a great extent. Religion plays a role here too, although it would seem the family is a stronger influence. The traditional role of husband and wife is that husband is breadwinner and decision-maker and mother is homemaker and baby sitter. The woman of southern Italy is not emancipated. It is exceptional for her to work, and her place is strictly in the home.

The immigrant, arriving in Canada with a family and only able to get seasonal work, is forced to allow his wife to work and a large number of wives are employed in factories and stores. The Italian husband, however, expects her to come home and resume full charge. He is unaccustomed to helping with dishes and putting children to bed and considers it a feminine activity. He enjoys more freedom than his wife, goes out for an evening with the fellows and seldom takes his wife out of the house. Regardless of her forced independence as a worker, he still wants to do all the thinking for the family. Companies telephoning Italian homes for advertising or other business reasons have learned it is useless to talk to the wife because she will say "you'll have to speak to my husband." The changing roles and changes due to economics and new environment are causing conflicts in some homes which would never have arisen in Italy.

We are frequently astounded by the number of Italians living in one house and are led to believe they prefer this when, in fact, it is a result of their economic need. They arrive in Canada with children, have larger families than the average Canadian family, and must purchase homes that they can rarely afford ; so we find the family, plus married children and offspring, all under the same roof. This is not an Italian custom. Family unity does not imply that everyone lives together ; it simply is impossible for them to do otherwise.

A strong reflection of family unity is seen in courtship and marriage. Canadian-born individuals are often surprised by the number of Italian men strolling the streets on a Sunday afternoon. This is a continuation of native ways. In the south of Italy, as in other European countries, young people meet while out strolling and they do a lot of promenading. The maidens are not left to stroll unchaperoned, however, and strong restrictions exist regarding courtship. Chaperoning is carried out here, even during the engagement period, and it is not uncommon to see a couple out for a walk with the mother a few yards behind. It is imperative that the family assist a girl in protecting her honor and it is imperative that a man be certain he is marrying a virgin. He takes great pride in this fact and although *he* may

carry on risqué activities, a girl who yields to his pleasures is not the one he wishes to marry. It was not unheard of in Italy for a man to return his bride to her mother if he found her to be unchaste. The aspect of purity is so important that widows seldom remarry because no man wants them.

Because of these attitudes, the Italian female enjoys little freedom here and cannot participate in innocent social functions. She cannot go dancing at any of the established clubs and, although the man attends, he will probably feel that women who seek out such dance clubs are of dubious reputation. Thus, he does not go there hoping to find a marriage partner. Opposed to Canadian approved standards of "being popular," the Italian man sees popularity as a bad thing. The popular girl will soon develop a reputation of indecency. The incidence of unmarried mothers is low; when this does occur, it casts a shadow on the whole family. It may jeopardize the possibility of marriage for other girls in the family. The illegitimate child is usually kept by the family and the unmarried mother is rejected for future marriage.

Because Italian bachelors distrust the purity and integrity of women here, including their own who are "stained" by Canadian ways, and because of a shortage of women, an estimated 90 per cent return to Italy for a wife or enter a proxy marriage. This is a marriage performed with one party present and with a person authorized to act in place of the second party. The marriage takes place in Italy and following this the wife joins her new husband in Canada. Often, she has never seen him before. These marriages can take place on a legal level, followed by a church wedding once the bride has arrived, or can be performed completely by the church. Proxy marriages are not arranged by agencies but result from informal, friend-of-a friend contact. Many girls in Italy are so eager to come to Canada that they gladly enter into a proxy marriage and, coming from similar backgrounds, the prospective bride and groom trust each other. Sometimes the couple may have known each other as children or have been acquainted with other members of the family. These marriages are successful, which makes one stop and wonder whether this system is not more stable than our own.

Religion, as mentioned before, does play a part in the attitudes which are a part of Italian culture. Very few Italians leave the church in the process of migrating and 99 per cent remain Roman Catholic. They are bewildered by their new surroundings in Canada, and the Catholic Church, aware of this, contacts them shortly after their arrival. The women attend Mass more frequently than the men and the children attend Catholic schools, unless they live too far away, in which case they receive catechism lessons on Sunday. Some Italians are resentful or indifferent toward the Church but family pressure deters their withdrawal.

Italians as a group are noisy and expressive and enjoy social gatherings. Weddings are big occasions, while Baptism and First Communion in the church serve as reasons for family gatherings. Christmas is the biggest family and religious feast. Gifts are distributed on January sixth, feast of the Epiphany, which commemorates the Wise Men arriving in Jerusalem. In place of Santa, "La Befana," the witch who rewards the good children and discredits the bad, brings the children gifts. La Befana is disappearing in Canada, being replaced by Santa. The practice of gift exchange is changing to Christmas day.

A gradual integration of Italian and Canadian customs is taking place. This takes a long time, since change in custom and values must of necessity be slow; otherwise, a superficial adaptation by the immigrant will occur with tension underneath. It is important to become familiar with the customs and to realize that integration always begins with two people.

Dr. Tyhurst, of the University of British Columbia, remarked on the psychology of any group receiving immigrants:

> The very existence of the stranger seems a threat to the security and self-assurance of the old group. It fears that by the admission of the newcomer with his different customs and taboos, the group may lower its exclusiveness, weaken its cultural tradi-

tion, and dilute its sense of security and superiority to the point where it loses its identity as a *group*. *

The Italian immigrant has added color to Toronto. His jovial disposition and industrious nature lend character to the more staid Anglo-Saxon atmosphere. There seems little doubt that with his sense of fairness and strong family ties, he will contribute valuable stability to the community.

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* "Immigrant Psychology — Reaction caused by changes of environment," *Bibliographie Revue de l'University d'Ottawa*, April — June 1950, Vol. 28, pp. 199 - 212.

In Memoriam

Winnifred (Steadman) Bealor '40, **Mary Catherine Isabel Lewis** '32, **Katherine McNab** '26, **Eleanor O'Neill** '19, **Christine (Rogers) Powrie** '41, **Edith Stark** '26, Royal Victoria Hospital, Montreal.

Marlyn Gayle (Everden) Blondeau '46, Regina Grey Nuns' Hospital.

Ida (Jackson) Brown '26, **Jean (Bell) Clement** '40, **Ruth Farront** '21, **Rubena (Young) Lyne** '20, **Catherine (Hughes) Maluske** '44, **Emily Moulton** '30, Stratford General Hospital, Ont.

Frances (Perk) Bush '12, **Freidericka Faustmann** '16, **Norma Fitzgerald** '57, **Mary Mackay** '24, **Jo-Anne Nesbit** '61, Hamilton General Hospital.

Edna M. (Moore) Churchill '37, **Dorothy (Keene) Peel** '15, St. Joseph's Hospital, Victoria.

Doris E. (Hamilton) Crouch '23, **Ethel (Pigget) Nixon, Beatrice Rumsey**, St. Luke's General Hospital, Ottawa.

Norma Lorraine (Brander) Cuett '41, Regina General Hospital.

Elspeth Currie '22, **Marion G. Currie** '10, **Lillian (Rogers) McLeod** '28, **Jean (White) Muir** '15, **Tassie Munro** '24, **Evelyn Thompson** '39, **Kathleen (Vanetta) Young** '11, Vancouver General Hospital.

Phyllis Jean Doyle '61, Aberdeen Hospital, New Glasgow, N.S.

Amelia (Driscoll) Fox '95, Winnipeg General Hospital.

Rita Guimont '22, Hôpital de la Miséricorde, Montreal.

Laura May Hubley '98, Victoria General Hospital, Halifax.

Ruth (Smith) Abbott Jeffery '42, Miramichi Hospital, Newcastle, N.B.

Annie Florence Lawrie '18, Royal Alexandra Hospital, Edmonton.

Betty Louise (Dunn) Leland '51, Holy Family Hospital, Prince Albert, Sask.

Louise MacDonald, St. Joseph's Hospital, Glace Bay.

Elizabeth Lillian Morrison, Edmonton General Hospital.

Evelyn (Carr) Patterson '27, The Children's Hospital, Winnipeg.

Rose Alma (Bouchard) Savard '31, Hôpital de l'Enfant Jésus, Quebec.

Sister Mary, Carney Hospital, Boston and Sisters of Charity, Halifax.

Gladys L. (Walker) Thomas '19, Lachine General Hospital, Que.

Elizabeth (Barnes) Webb '31, Victoria Public Hospital, Fredericton.

LARYNGEAL CA

Prognosis of laryngeal carcinoma varies considerably, depending on its site and stage of development. In the past, laryngectomy was considered the treatment of choice for all but very early lesions. Results of therapy and five-year survival rates were relatively good, but the patient deprived of his larynx frequently presented difficulties in rehabilitation.

Recent advances in radiotherapy techniques have permitted treatment of a greater proportion of patients with laryngeal carcinoma by this means, with encouraging results. Results of a survey in the Toronto area suggest that radiotherapy should be used as primary treatment in early and intermediate stages of the disease; radical excision combined with radiotherapy is indicated for treatment failures among early cases and for those with far-advanced disease or carcinoma outside the larynx proper. With this program five-year survival rates are comparable to those achieved when laryngectomy is the primary treatment used, and two-thirds of those who survive maintain laryngeal function. — *C.M.A.J.*, 90:757, Mar. 28, 1964.

THE WORLD OF NURSING

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION,
74 STANLEY AVENUE, OTTAWA

A Convention to Remember

Those who were there are still talking about it. And it will be a long time before any of the 1500 delegates to the 32nd General Meeting in St. John's will forget how the Association of Registered Nurses of Newfoundland and the entire city "looped-the-loop" to make them welcome. MAYOR H. G. R. MEWS summed it up eloquently in his letter to each of the delegates:

In the year 1497 John Cabot discovered Newfoundland. Sir Humphrey Gilbert, in the year 1583, landed in St. John's and formally took possession of Newfoundland in the name of the first Queen Elizabeth.

On or about June 14, 1964, approximately one thousand nurses from all over Canada are taking possession of St. John's in the name of the Canadian Nurses' Association.

The oldest city in North America surrenders to the nurses and with open arms extends a most hearty and sincere welcome to our fair conquerors.

The conventional light over the patient's door in a hospital calls but one nurse. In St. John's we have turned on a thousand green lights. Please do not keep us waiting. We really want to welcome you.

And welcome the nurses they did! The taxi driver, the waitress, the shopkeeper, the busy executive, the housewife, and the school children showed that the welcome given the stranger came from the heart of a delightful people.

Who will forget the welcoming parties at the airport and trains, the school children of Holyrood who were given a half-holiday to greet the nurses as they toured that part of Newfoundland, or the husband who was sent out of the house by his wife to drive three nurses to the university when they couldn't get a cab? All aided in making the convention one of the best in the history of the CNA.

This might be a good occasion, too, to remark on the tremendous amount of work which goes into the making of a convention such as this. The officers of the provincial association and their assistants; the speakers who so thoughtfully prepared material of interest and value for the meetings; the national organization which helped blueprint every step of the event far in advance; the people who planned and carried out the after-hours events. All have contributed to the success of a meeting which can do no less than contribute to the primary purpose of the Association, which is to advance the cause of nursing.

Landmark in Nursing Organization

This year sees the celebration of the Golden Jubilee of the South African Nursing Association. To commemorate fifty years of service by nurses and midwives, congresses will be held next month in Cape Town and East London.

From small beginnings back in 1914, the 28,000-strong organization today watches over the interests of nurses and midwives the length and breadth of South Africa.

Fifty years ago, nursing in South Africa was in a state of chaos. It was rare to find a South African-trained nurse in any senior position. In the words of Dr. John Tremble, whose efforts did much to enhance the South African Trained Nurses' Association, "Nursing was not so much a profession as a collection of trained nurse units."

Today there are 37 white, 23 Bantu and 7 Colored branches of the association in the Republic. Through their branches all nurses and midwives, student nurses and student midwives have a say in the affairs of the association and the right to make themselves heard.

Canadian Nurse Appointed to Jamaica

Miss E. JEAN MCKAY, of Cooksville, Ontario, has been appointed as nurse educator with the Pan American Sanitary Bureau. She will be assigned to Kingston, Jamaica, to assist the government in developing programs for nursing education.

Miss McKay, who, prior to this appointment, was assistant director, staff education, Toronto General Hospital, holds a B.Sc.N. degree from the University of Western Ontario and is a graduate of the school of nursing, Toronto General Hospital.

Reform in Nursing Education

The report of the special committee on nurse education which was released by the Royal College of Nursing headquarters in June brings into sharp focus a problem that has been in existence for a long time — the need for better prepared nurses.

The release that launched the report calls it the greatest step forward in the history of nursing for the past hundred years. The report recommends that the nursing student should give service to patients only in the context of her own studies for the first two years of training, the third year being spent in full-time service as a pre-registration student. Thus, she would become a student in fact and not in name only and the service she gives would be governed by her educational needs. The report emphasizes that teaching should not be subordinated to the needs of staffing. As a nursing student she would receive an educational grant sufficient for her needs for the first two years through the regional council and in the third year, as a full member of the ward team, she should be paid two-thirds of the minimum of the staff nurse's salary.

The report also recommends that the minimum educational requirement for admission to training for the Register should be increased from two to five passes at ordinary level in the General Certificate of Education.

On the subject of the enrolled nurse, the report recommends that she be trained to give skilled nursing care of a standard no less high than her registered colleague. The difference between the two would lie in the range of functions performed and in the degree of responsibility carried. The report pointed out that there should be a minimum standard of entry for training for the Roll such as the certificate of Secondary Education or its equivalent and the pupil nurse should be trained under a planned apprenticeship system over two years. She should receive training allowances of the order of two-thirds of the minimum salary of the enrolled nurse for the first year and three-quarters for the second year of training. After enrolment she should, following evidence of adequate experience and aptitude, have opportunity to advance to positions of greater responsibility, and provision should be made for those with suitable qualifications and ability to proceed to registration by means of a further course of study.

The report also recommends that Exchequer funds, specifically designated for nursing education, should be channelled through the Ministry of Health and the Scottish Home and Health Department and allocated to newly created regional councils to meet the needs of nursing education. Schools of nursing should be financed through the regional councils directed independently of the hospital service and in a position to function as educational institutions.

Nursing Care in Obstetrics

FRANCENE MCCARTHY

A description of care provided during labor and the postpartum period.

Care During Labor

Labor is a combination of processes by which the fetus, the placenta and membranes are separated and expelled from the body of the pregnant woman after a period of approximately 280 days, or 40 weeks' gestation. *

The first stage of labor is the onset of regular, rhythmic contractions until full dilatation, during which time the cervical canal becomes thinned and drawn up and out by the action of the contractions.

Diagnosis of true labor is made by palpation in which the contractile efforts of the myometrium are felt under the examiner's hand. A vaginal examination may be performed under sterile conditions, in which the examiner directly feels the cervix for dilatation and effacement. Effacement occurs as the cervical walls decrease in thickness from more than a centimeter to a few millimeters. The vaginal examination is the most accurate method of diagnosis. A rectal examination may be performed to determine dilatation and effacement since the rectovaginal wall is soft enough to be easily compressed in order to outline the cervix and the presenting part. As dilatation and effacement occur, so do descent, flexion, engagement, and internal rotation.

Nursing care is the key to behavior and acceptance of the phenomenon of labor. The patient, on admission, is prepared by having the perineal area shaved. A cleansing enema is generally given when the patient is in early labor. Temperature, pulse and respirations are taken every four hours; blood pressure is taken every hour or less, depending on hospital routine; fetal heart tones are checked hourly. Fetal heart tone that is irregular, or that has dropped below 120 or increased above 160 should be reported promptly, since it is an excellent warning of fetal distress. Since contractions alter the true picture of the fetal heart, the tone should not be monitored just as the contraction starts or ends. Ideally, it should be monitored during the phase between contractile efforts. Voiding is encouraged at least every four hours since a full bladder may impede the progress of labor. Perineal care is given after voiding and after each bowel movement to ensure cleanliness of the perineal area. Fluids are given to the patient in early labor but withheld as labor advances. The value of mouth care at this time is evident. Skin care is important due to increased perspiration in labor. A bath should be offered every eight hours and back rubs given frequently. Many patients complain of severe backache during the contraction period; this may be relieved by the attending nurse or the husband, providing firm pressure with the palm of the hand under the sacrum.

Analgesics may be given to relieve pain as labor advances. The nurse's responsibility is to carry out the doctor's order for medication accurately and quickly. Following the injection of an analgesic, the side rails on the bed should be raised, the patient's dentures removed, and the fetal heart checked again.

Contractions should be timed for 20 minutes out of each hour in order to accurately determine how far apart they are. They are timed according to

Miss McCarthy is assistant head nurse in the Case Room at the Saint John General Hospital, New Brunswick.

* Mae M. Bookmiller and George L. Bowen, *Textbook of Obstetrics and Obstetric Nursing* Phila., W. B. Saunders Co., 1963, p. 216.

duration, frequency, and intensity — mild, moderate or strong. Contractions lasting only 15 seconds are not noted unless all contractions are of this nature — indicating that something is holding back the labor. Contractions lasting longer than one minute should be reported. The contraction should be timed from the moment it is felt until the abdomen relaxes.

One of the best nursing care measures is also the most simple. It is performed by sitting with the patient, talking with her or listening to her. Your presence at the bedside makes a great deal of difference in how the labor is accepted. Often, body contact during a contraction will help the patient to relax ; body contact means holding her hand or resting your hand lightly on her shoulder. In addition, talk to her, keep reminding her to relax, to let her muscles"go."

After the cervix is 5 - 6 centimeters dilated, abdominal breathing during contractions may help her to relax ; after 8 - 10 centimeters dilatation, deep, chest breathing should be encouraged. With full dilatation she will no doubt feel the urge to push or bear down. Here, you may instruct her to take quick, deep breaths, then hold her breath for a few seconds as she bears down. The force she exerts should be directed downward on the rectum and not all on the abdomen.

The acceptance or fear of labor depends, to a large extent, on the patient's prenatal education. Many women will regard their labor as a sickness; others are ashamed to admit they are in pain ; some fear for their lives, others for the baby ; still others reject the pregnancy for many factors including economics and illegitimacy. Fear is a natural result of approaching the unknown. Encourage the patient to express her feelings. Explain every procedure before carrying it out.

The patient enters the second stage of labor when her cervix is fully dilated. The membranes may rupture spontaneously, bloody show will be increased, the perineum will budge and rectal pressure becomes more evident. The contractions come close together and the patient often expresses the desire to pass stool or urinate. Finally, caput may be visible. In the delivery room, the second stage may be hastened by forceps application or episiotomy.

The second stage is the most dangerous for the infant. Fetal heart tones should be checked every five minutes after the patient is brought into delivery. With full expulsion of the child, the second stage is terminated. The infant's nose and mouth are gently suctioned ; prophylactic ointment or solution is placed in the eyes ; he is weighed and an identification band applied. In some hospitals, it is routine to administer an injection of Vitamin K immediately following delivery. The newborn is wrapped warmly and positioned on the right side. He is checked q. 15 minutes for cyanosis ; the cord stump is inspected frequently for bleeding.

The third stage of labor includes the delivery of the placenta and the interval following this as hemostasis occurs. This stage is dangerous for the mother since it is at this time that the risk of hemorrhage is greatest. The fundus of the uterus should be felt q. 15 minutes and gently massaged to promote contraction.

One hour following completion of delivery, the mother and the baby are transferred to the postpartum room and nursery. Before the mother is transferred, blood pressure should be taken, a mouth wash given, her hands and face washed, perineal care given, and the fundus checked for firmness.

The Puerperium

The puerperium includes the immediate postpartum phase and an interval of approximately six weeks following delivery. Retrogressive uterine changes and progressive breast changes occur.

After delivery, the uterus is the size of a small, two-pound cocoanut and diminishes rapidly by fatty degeneration and absorption. The rate of reduction can be followed by measuring the number of finger widths below the navel that the fundus can be felt. On the first day, the fundus is high — even above the navel ; gradually, it descends and by the tenth to the twelfth day, is non-palpable. A full bladder will push the uterus high in

the abdomen, thus it should be emptied before palpation. The uterus continues to contract and relax during the first week. This causes the well known "afterpains" of the first few days. Retained placental fragments may be responsible for this pain. Medication for afterpains should be given when requested ; when delayed, the analgesic effect is lessened.

Daily observations include inspection of the lochia for odor, amount and color. The lochia is the cast-off endometrial lining of blood, mucus and tissue :

1. Lochia rubra is the bloody discharge of the first three or four days ;
2. lochia serosa is the brownish discharge due to admixture of serum, appearing from the fourth to the tenth day ;
3. lochia alba is the whitish or yellowish discharge occurring about the tenth day.

Lochia has a fleshy odor and varies in amount ; foul odor is indicative of infection. The lochia of one puerperant may infect another — thus the importance of hand-washing technique.

The vulva and vagina may be bruised and swollen. Often the application of ice packs, provision of rubber rings to sit on, use of perineal lights and perineal care, sitz baths and sprays will provide comfort.

Many patients are unable to void following delivery. This may be due to bruising and swelling of the urethra during delivery or simply from inability to void on a bedpan. If catheterization is necessary, an explanation should be given to the patient ; strict aseptic technique should be carried out. Usually, with ambulation, the patient is able to initiate voiding without difficulty.

Progressive changes occur in the breasts in preparation for lactation. Colostrum is secreted the first day, followed by a yellowish secretion due to an admixture of fat, on the second day. About the third day, engorgement occurs due to stasis of blood and lymph. Milk is ready to be formed and needs only the stimulus of sucking. Engorgement subsides with appropriate treatment such as supporting the breasts upward and inward on the chest wall, application of ice packs, and analgesics if ordered. The nipples require simple care to maintain cleanliness. They should be inspected daily for pressure spots and fissures etc.

Temperature, pulse and respirations are checked twice a day. A slight elevation of temperature may occur the first day due to fluid dehydration and also when the patient's breasts become engorged.

Early ambulation is a rule today. The patient is usually up for the first time within 24 hours of delivery. The nurse's responsibility is to observe her color, check her pulse and give assistance where needed.

As the entire system undergoes readjustment following delivery, the patient's psychological viewpoint becomes considerably altered. No longer is she the centre of attention. The baby occupies the honored position. Many mothers openly dislike the threat to their ego and manifest their feelings by attention-getting devices such as frequent complaints, immature actions and crying spells. Many actions point to the fact that they are unable to adjust to this new situation. Some mothers will fret over every sneeze and gurgle from their infant and openly state their insecurity about taking the baby home. The nurse must be able to cope with these varied responses. Maturity, empathy, insight and obstetrical experience are needed by the nurse at this time. She must provide support and encouragement in a new situation ; educate the patient to present situations and to changes that will occur upon leaving the hospital ; and, finally, she must make the hospital sojourn pleasant and relaxing.

Patient education includes : instruction in the proper care of the breasts ; perineal care ; discussion of diet, particularly if the mother is nursing. The latter should be informed tactfully that she is still able to become pregnant even without resumption of the menstrual period, and that sexual intercourse should not be resumed for at least four to six weeks. Some hospitals provide free instruction pamphlets which answer many questions about the puerperium, formula preparation, and breast feeding. Nursery classes are often held to instruct the mothers in the care of the newborn.

NURSES IN EMBRYO

EMILY VANDERLAAN

A description of a junior volunteer program in a rural hospital.

When the nurses of the Biggar Chapter of the Saskatchewan Registered Nurses' Association conducted a career night for the students of the local Composite High School in November 1962, little did they suspect that the aftermath would be projected into a year-round program. After the usual presentation of a panel and films, Chapter members mixed freely with their youthful guests. One of the teachers remarked that although the event had generated some enthusiasm, it would no doubt soon be obscured by the multitude of activities which attend the high school student's life unless we could develop some plan to keep the idea of nursing before them. She suggested that the nurses sponsor tours of the hospital periodically and give demonstrations of equipment and treatment.

This suggestion was brought back to the Executive and the possibility of establishing a continuing program was discussed. A junior volunteer program emerged and, by Easter 1963, the Chapter members, together with the staff of St. Margaret's Hospital, were prepared to make the experiment.

To impress upon the candidates the importance of their role, attendance at four special classes was made mandatory. The first class was given by the Chapter president to 13 eager young girls. It included a complete explanation of the program and its objectives, plus brief information about the Registered Nurses' Association. Two classes were held to demonstrate procedures which the volunteers would be allowed to carry out for patients; one class concerning ethics and safety measures concluded their preparation.

A form letter was sent to the parents of each student to make certain that they understood their daughter's activities and to solicit their permission for her participation. This measure was useful in obtaining their interest and support; it was also intended to help protect the hospital and Chapter against blame for any untoward result which might conceivably occur in the course of the volunteer's activity within the hospital.

The Committee felt that the following procedures could be carried out safely by initiated students providing they received adequate supervision: admitting patients; writing out headings on charts; passing meal trays and helping to feed those in need; changing diapers; emptying sputum cups; cleaning bedside units; reporting observations; entertaining children; giving personal service to other patients; looking after the general tidiness of the ward.

Students were asked to wear a skirt and white blouse on the days assigned for duty. The Chapter provided uniforms which consisted of a pink and white striped bib-and-apron, designed so as to allow adjustment for various sizes. On the bib was a crest signifying "Junior Volunteer"; each student wore a name pin for easy identification.

It was arranged that two students should come daily, on a rotation basis, for two successive days so that one new volunteer worked with a senior each day. A calendar was prepared for the entire month, containing the names and days of duty for each girl; copies were posted at each of the two high schools and the hospital. During the summer vacation period, calendars were posted in two local drug stores.

Realizing that not all the girls would find themselves suited to a nursing career, the Chapter thought they might be interested in choosing some other hospital activity. Chapter members made a scrap-book containing literature about laboratory and x-ray technology careers, dietetics, social work,

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Mrs. Vanderlaan is a staff nurse at St. Margaret's Hospital, Biggar, Saskatchewan, and a member of the Biggar Chapter, (S.R.N.A.), Committee for Junior Volunteers.

medical records, etc. This book was left on the hospital ward for the girls to scan during their free moments.

The volunteer program was given considerable publicity and the local newspaper provided an excellent write-up with attractive photographs. When schools re-opened in September, the number of candidates had increased. Colored slides of junior volunteers in action were taken and used during hospital auxiliary conventions in the province. Since this showing, our Chapter has received several requests for further information concerning the launching of our program.

The Junior Volunteer program has completed its first year. Interest is easily maintained and the number of recruits is increasing. It is still too early to assess the attainment of the initial objective of the sponsoring Chapter; the next year should indicate some measure of its success as junior high school students become seniors and make their choice of their life-work. In the meantime, chapter members are confident that they have launched a program that has been helpful in broadening the horizons of these girls; that has engendered the idea of community service; and that has brought some relief to the hospital during a busy period of the day, making it possible to advance the cause of "excellence in patient care."

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IN

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Plus additional material

In the Good Old Days

(*The Canadian Nurse* — SEPTEMBER 1924)

An English paper states that Paris is beginning to rebel against bobbed and shingled hair. Ringlets will be the fashion a few months hence; but who will restore the lost tresses that have fallen under the shears of the barber?

* * *

Getting out a paper is no picnic. If we print jokes, people say we are silly.
If we don't, they say we are too serious.
If we publish things from other papers,
We are too lazy to write.
If we stay on the job,
We ought to be out rustling news.
If we are out rustling news,
We are not attending to business in our department.
If we don't print contributions, we don't show proper appreciation.
If we do print them,
The paper is filled with junk.
Like as not some fellow will say we swiped this from an exchange.
So we did.

A Housekeeping Problem in the Operating Room

C. ROGERS

The problem confronting me concerned the standard of housekeeping desirable in the operating room wing of my hospital. Was it reasonable to expect the supervisor, with her tremendous load of responsibility, to be the housekeeper of this area when the hospital had a housekeeping department servicing all other areas?

For many years, three male porters from the housekeeping staff had been assigned to the operating rooms. Their duties were delegated by the supervisor and consisted of:

(a) Taking patients from the wards to the operating room and returning them to the wards;

(b) Cleaning seven theatres between cases;

(c) Cleaning service rooms, offices, doctors' lounge, two locker rooms and the recovery room.

The porters, who were in white uniforms, were continually requested by doctors and nurses to assist in numerous ways when orderly service was in short supply. Since they lacked educational preparation for work in a highly specialized area, many serious problems of personal conduct were presented. It was very easy to waste time; to take advantage of the situation; to neglect the main duty of housekeeping. Consequently, conditions in the area did not come up to the same standards which I, as housekeeper, required in the rest of the hospital.

The problem was solved after many months of observation by the operating room supervisor and me with the assistance and backing of the administrator. I was most fortunate in having the full cooperation of the nursing office and of a dedicated and interested supervisor. Our solution was as follows:

The most efficient of the three porters was assigned as a permanent porter with the operating room staff. The other two were returned to the housekeeping department. A cleaner was selected from the staff on the basis of the thoroughness of his work.

He had proven capable of accepting responsibility and of applying himself when working alone; he could be relied upon to take pride in his duties. Since he would have to work many hours alone, there was need for careful selection. This cleaner, in regulation brown housekeeping uniform went on duty from 2:00 p.m. to 10:30 p.m. He set up his own schedule of cleaning with my assistance, and was directly responsible to the housekeeping department. He was not called upon by doctors or nurses to assist with orderly duties because his uniform set him apart from the operating room staff. It was much easier to use a man unfamiliar with the area than to try to re-train the original porters. While they were not too happy over the change at first, they were re-trained into the cleaning staff and have proven to be most satisfactory employees.

As a result we have a vastly improved standard of housekeeping in a vitally important area of any hospital; an operating room porter who is sure of his responsibility; the saving of one man's labor to the betterment of the housekeeping department.

Mrs. Rogers is the executive housekeeper at the Saskatoon City Hospital, Sask. This description of her problem and its solution won a scholarship for her — a two-month course of study at Michigan State University.

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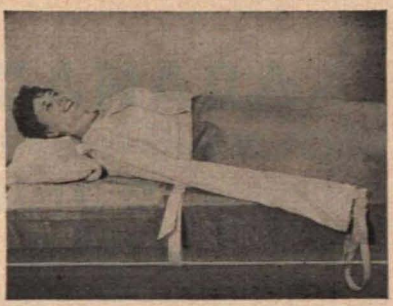

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About Books

The Nurse and Her Problem Patients by Gertrud Bertand Ujhely, R.N., M.A. 180 pages. Springer Publishing Co., Inc., New York. 1963.
Reviewed by Miss Barbara Bycroft, Montreal General Hospital, Montreal, Que.

Perhaps many readers will experience surprise when first reading the title of this book. Do not most conscientious nurses hesitate to admit that they do have problem patients? A "good nurse," it is usually considered, should be able to cope competently with every patient situation. Yet, if the individual nurse is honest there are times when she must admit to feelings of anxiety, helplessness, frustration and anger in her daily interactions with patients. These feelings may be caused by many factors, as the author indicates in her treatise.

In the preface she notes that she has written with the intention of offering help to the nurse practitioner in evaluating the underlying "why's" and "what's" of these problem situations. In general her analogies or examples are practical and relative to nurse-patient situations that may occur on a general hospital ward. The book is presented in three main parts. A fairly consistent interrelationship of these parts is maintained. It was difficult to understand the author's objective in some of the discussions and applications of part three. I also found her repeated references throughout the book to other chapters distracting.

(Continued on Page 890)

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ALEXANDRINA McDOUGALL

We must reach the common man in newly developing countries of Asia and Africa on a personal, intimate level, emphasizing our humanity, our sympathy, and our understanding of the problems which must be solved. WALTER H. JUDD, *Former Medical Missionary in China.*

Under the auspices of CARE/MEDICO, the International Alliance of Hospital Auxiliaries is sponsoring a project to provide medical assistance to Malaysia, a member of the British Commonwealth. Our objective of $25,000 will supply urgently needed medical personnel and equipment for an all-Canadian unit for one year.

In order to see the program in action, I recently went to South-East Asia. Mr. Harold Sillcox, Director of Care/Medico in Malaysia, acted as a special guide and took me to visit the hospital in Kuala Lipis. The drive of more than a 100 miles through dense jungle, over a pass 5,000 feet high and with hairpin turns, was very beautiful and thrilling. The personnel of this hospital includes three Canadians: Arlene Craig, R.N., Sandra Holmes, R.N., and Teresa Dowling, anesthetist, all of whom have served there for two years. In the Kuala Lipis District Hospital there are 175 beds; 175 out-patients come daily for treatment. Two other clinics — one at Jerantut and the other at Temerloh — each average about 3000 out-patients a month. If patients cannot come to clinics the medical teams go to them, in many cases by riverboat when there are no roads, as in the remote interior villages of the Kampong area.

With courage and sacrifice our young doctors and nurses meet the extreme challenge of work in these areas. They find their efforts rewarding and are proud to be part of a great humanitarian effort. Rotating specialists visit this hospital for a month or two, donating their services and all of their expenses. They are helping to develop a training program for doctors and nurses.

I also visited a hospital a few miles outside of Kuala Lumpur which provides care for aborigines exclusively, some of whom live in the deepest jungle. The doctor brings his patients into hospital by helicopter.

Detailed research is in progress for the establishment of additional teams such as the one in Kuala Lipis. These teams would go into the remote areas of the country to assist the peoples of Malaysia in their development by providing health services through training, public health and education.

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Mrs McDougall is president of the International Alliance of Hospital Auxiliaries. She resides in Montreal.

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$300	represents the nominal monthly salary of a Canadian MEDICO doctor.
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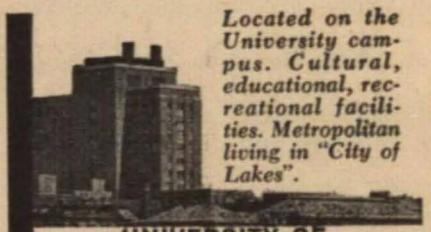

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(Continued from page 887)

I feel that the general objective of the text was accomplished. The graduate or student nurse, after reading the book, will have a more sensitive understanding of herself and her patients. She will be able to appreciate the variety of reasons underlying difficulties in nurse-patient interaction.

Teaching Nutrition in Nursing by H. Rhynbergen, B.A., M.S. and Jessie C. Greene, B.S. J. B. Lippincott Co., Montreal. Ed. 5. 1963.

Reviewed by Miss Olga Anderson, Nutritionist, Dept. of Health, Newfoundland.

This book is a teaching guide for the young or inexperienced dietitian who is teaching nutrition in a school of nursing. The lecture and laboratory outlines follow the 14th edition of *Nutrition in Health* and *Disease* by Cooper, Barber, Mitchell, Rhynbergen, and Greene. Additional reading references are listed as well as page references to the above text. Various teaching aids such as pertinent pamphlets, films, filmstrips, suggestions for field trips, demonstrations, projects and student assignments are discussed. The importance of joint planning is emphasized in order that the nutrition content of the nursing curriculum may be an integral part of all nursing.

The Child's World by Phyllis Hostler, M.A. 203 pages. Penguin Books, distributed by Longmans Canada, Ltd., Paperback Division, 55 Barber Greene Rd., Don Mills, Ontario. Ed. 2. 1959.

The purpose of this pocketbook is to provide a manual about children's behavior; to show why children behave as they do; to deduce the broad lines on which parents must work to make their behavior intelligible to children. This second edition contains additional information concerning punishment.

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Registered Nurses (2) for 38-bed and 9 bassinette active treatment hospital in progressive town on paved highway 80 miles S.E. of Edmonton. Basic salary $340 with three annual $15 increments. Full maintenance $30/m. Full salary recognition of previous experience. Excellent personnel policies and working conditions. Apply to: Director of Nursing, Viking Municipal Hospital, Viking, Alberta. 1-91-1

Registered Nurses (2) and Operating Room Nurse (1) for new active 30-bed hospital located 20 miles from Edmonton on Jasper highway. Room and board in modern nurses' home at $35/m. AARN personnel policies. Basic salary $315 with credit for experience. Apply to: Director of Nurses, Municipal Hospital, Stony Plain, Alberta. 1-99-1

Registered Nurses for General Duty in active 21-bed hospital. Salary $315 to $360 per month depending on years of experience. M.S.I. and pension plan. 21 days vacation per year plus nine statutory holidays. For further particulars apply to: Director of Nursing, Berwyn Municipal Hospital, Berwyn, Alberta. 1-8-1

Registered Nurses for General Duty (O.R. training helpful). Starting salary $330 annual increments to $360, board and room $30/m, Group medical insurance and pension plans available. Please do not apply unless prepared to accept position. Apply to: The Matron, General Hospital, Bow Island, Alberta. 1-11-2

General Duty Nurses for modern 60-bed fully accredited hospital situated 70 mi. northwest of Edmonton. Good personnel policies. Residence accommodation. For further particulars apply to: Administrator, St. Joseph's Hospital, Barrhead, Alberta. 1-3-1

General Duty Nurses for well-equipped 76-bed hospital in active town of 3,000. Salary $315-$360 for Alberta registered; $305-$350 for non-Alberta registered. New separate residence, excellent personnel policies and working conditions. Apply to: Director of Nursing, Brooks General Hospital, Brooks, Alberta. 1-13-1

General Duty Nurses. Starting salary: $315 per mo., 40 hr. work wk. Room, board & laundry available, if desired, at nominal rates. Civil Service holiday, sick leave & pension benefits. Apply to: Baker Memorial Sanatorium, Dept. of Public Health, Calgary, Alberta. 1-14-3

GENERAL DUTY NURSES for 14-bed hospital in South Eastern part of Alberta. Salary $350 with increments. New residence, direct communications East and West. Apply to: Matron, Cereal Municipal Hospital, Cereal, Alberta. 1-20-1

General Duty Nurses (2) for modern 25-bed hospital on Highway No. 12. Salary range $340 to $385. New staff residence. Full maintenance $35, personnel policies include Blue Cross, M.S.I. and pension plans. 21 days' vacation per year, plus statutory holidays. Apply to the: Director of Nurses, Municipal Hospital, Coronation, Alberta. 1-25-1

General Duty Nurse for active 27-bed hospital. Modern industrial town 16 miles from Jasper Park on Main-line C.N.R. Interest in operating room an asset. Salary as per AARN recommendation. Full board in modern residence $35. monthly. Apply: Director of Nursing, Hinton Municipal Hospital, Hinton, Alberta. 1-47-1A

General Duty Nurses (2 immediately) for modern 35-bed hospital on Highway 2, 20 miles South of Edmonton. Basic salary $315. with three annual increments. New staff residence. Full maintenance $35., personnel policies include Blue Cross, M.S.I. 21 days' vacation per year, plus statutory holidays. Apply to: Director of Nurses, Municipal Hospital, Leduc, Alberta. 1-56-1

General Duty Nurses (2) for 34-bed General Hospital. Salary $315-$360/m commencing at $330 with 1 year practical experience. Full maintenance at $35/m. Train fare from any point in Canada will be refunded after 1 year employment. Apply to: Municipal Hospital, Two Hills, Alberta. Phone 335. 1-88-1

General Duty Staff Nurse (NEEDED) for 3 month period, or more, in 40-bed hospital in prairie town — generalized service with 2 doctors — AARN policies followed . . . residence accommodation . . . 150 miles from Edmonton, bus service. Contact: Administrator, St. Joseph's Hospital, Galahad, Alberta. 1-40-1

Graduate Nurses. Salary: $315 to $360/m. 5 day, 40-hr. wk., 31 days paid vacation after 12 mo. continuous employment, also generous sick time and pension benefits. For further particulars please apply to: M. Hawkes, R.N., Superintendent of Nurses, Municipal Hospital, Drumheller, Alberta. 1-31-2

NURSES fully qualified for 30-bed active treatment hospital. New hospital building and recently renovated nurses' residence. Unless definitely interested in coming, please do not apply. Personnel policies sent upon request. Apply to: Mrs. M. Hislop, Superintendent, General Hospital, Bassano, Alberta. 1-5-1

NURSES required for combined public health and minor treatment services for two northern Alberta communities. Starting salary in relation to training and experience. Holiday, sick leave and pension benefits in accordance with Provincial Public Service regulations. Good accommodation and utilities provided. Apply to: Director of Public Health Nursing, Department of Public Health, Administration Building, Edmonton, Alberta. 1-33-16

BRITISH COLUMBIA

Surgery Nurses for modern 100-bed hospital in Southeast B.C. Apply: Director of Nursing, Kootenay Lake General Hospital, Nelson, British Columbia. 2-47-1

Supervisor for very active Obstetrical Department. Basic salary $384 plus increments for experience and training. Post-basic course required and advanced training preferred. Apply to: Director of Nursing, Prince George Regional Hospital, Prince George, British Columbia. 2-57-1

Operating Room Head Nurse (Experienced, June 1st) with postgraduate course for modern accredited 82-bed hospital. Salary: $381-$460 according to experience plus RNABC allowance for postgraduate course. Accommodation available, 10 statutory holidays, 4-wk. vacation, superannuation and medical plan coverage. Apply: Director of Nursing, General Hospital, Kitimat, British Columbia. 2-36-1A

HEAD NURSE for small, active psychiatric unit in a General Hospital, associated with district Mental Health Clinic. University preparation desirable. Position open August first. For further information apply to: Director of Nursing, Kelowna General Hospital, Kelowna, British Columbia. 2-34-1

Registered or Graduate General Duty Nurses for active 25-bed hospital. Salary B.C. registered $320 to start; unregistered $305. RNABC personnel policies in effect, nurses' residence available. Apply: Administrator, Lady Minto Hospital, Ashcroft, British Columbia. 2-4-1

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Information on these and other positions is available from Medical Services Directorate, Department of National Health and Welfare, in Vancouver, Edmonton, Regina, Winnipeg, Ottawa and Quebec, or from the

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Registered Nurses or Graduate Nurses for 75-bed hospital opened in September 1962. Salary B.C. registered nurse $332-$404; salary non-registered nurse $317, RNABC policies in effect. Very active town in Cariboo Ranching country. Apply: Director of Nursing, Cariboo Memorial Hospital, Williams Lake, British Columbia. 2-80-1

General Duty Nurses (2) for 30-bed active hospital (Accredited) BCRNA policies in effect. Apply: Director of Nursing, Creston Valley Hospital, Creston, British Columbia. 2-16-1

General Duty Nurses for active 30-bed hospital. RNABC policies and schedules in effect, also Northern allowance. Accomodations available in residence. Apply: Director of Nursing, General Hospital, Fort Nelson, British Columbia. 2-23-1

GENERAL DUTY NURSES with B.C. registration for active 200-bed General Hospital with School of Nursing. Large expansion program under way. Personnel policies, including salary, in accordance with RNABC contract for 1964. Apply to: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia. 2-32-1

General Duty Nurses for fully accredited 82-bed hospital in northwestern B.C. 1964 salaries: B.C. Registered $347-$419, Non-Registered $332. Room and board $50/m, 10 statutory holidays, 1½ days sick leave, 4-wk. vacation, Superannuation and Medical Plan coverage. Apply to: Director of Nursing, General Hospital, Kitimat, British Columbia. 2-36-1

General Duty Nurses for 110-bed hospital in northwestern B.C. Salary—B.C. registered $347-$419; non-registered $332. Newly furnished residence with T.V. Good social activities, including bowling, curling, tennis and year-round swimming. Full personnel benefits including travel allowance. Apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia. 2-58-2

General Duty Nurses for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn and Hudson Bay Glacier. Initial salary $347, maintenance $60, 40-hr. 5-day wk., 4-wk. vacation, Boating, fishing, swimming, golfing, curling, skating, skiing. Comfortable nurses' residence, rail fare advanced if necessary. Apply: Sacred Heart Hospital, Smithers, British Columbia. 2-73-13

General Duty and O.R. Nurses with postgraduate course or equivalent experience required for 146-bed General Hospital. Personnel policies in accordance with RNABC. Apply: Director of Nursing, General Hospital, Chilliwack, British Columbia. 2-13-1

General Duty Nurses for new 30-bed hospital located in excellent recreational area. Salary and personnel policies in accordance with RNABC. Comfortable Nurses' home. Apply: Director of Nursing, Boundary Hospital, Grand Forks, British Columbia. 2-27-2

General Duty, Operating Room and Experienced Obstetrical Nurses for 434-bed hospital with school of nursing. Salary: $332-$404. Credit for past experience and postgraduate training. 40-hr. wk. Statutory holidays. Annual increments; cumulative sick leave; pension plan; 28-days annual vacation; B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia. 2-73-13

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic rate $332/m with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia. 2-9-1

Graduate Nurse for 50-bed acute accredited hospital. Must be eligible for B.C. registration. Salary and benefits to RNABC schedule. Starting salary $332-$366 per month depending on experience. Tourist area, skiing, etc. Apply to :Administrator, Kimberley & District Hospital, Kimberley, British Columbia. 2-35-1

Graduate Nurses for 20-bed hospital, 35 miles from Vancouver, B.C., on coast. Salary and personnel practices in accord with RNABC. Accommodation available. Apply: Director of Nursing, General Hospital, Squamish, British Columbia. 2-68-1

Graduate Nurses and Certified Nursing Assistants for 70-bed acute General Hospital on Pacific Coast. Salary for Graduates in accordance with RNABC scale with credit for experience; Nursing Assistants $220-$253 Board and room $25/m; 4-wk. vacation after 1-yr. Superannuation and medical plans. Apply: Director of Nursing, St. George's Hospital, Alert Bay, British Columbia. 2-2-1

Graduate Nurse for general duties (1) in small hospital in southern B.C. Pleasant working conditions and ideal outdoor recreational facilities available. Salary $332/m, room, board and laundry $40/m; 10 paid statutory holidays per year, 28 days vacation after one year's service, superannuation and sick leave benefits. Apply giving full particulars to: Administrator, Slocan Community Hospital, New Denver, British Columbia. 2-48-1

Operating Room, Obs. and General Duty Nurses for modern 450-bed hospital with a school of nursing RNABC policies in effect. Salary $332/m. Credit for past experience and postgrdauate training. 40-hr. wk., 10 statutory holidays, Annual increments, cumulative sick leave, pension plan, 28-day annual vacation. B.C registration required. For particulars write to: Director of Nursing Service, St. Joseph's Hospital, Victoria, Vancouver Island, British Columbia. 2-76-5

MANITOBA

Registered Nurses (2) required for 17-bed general hospital near Brandon, Manitoba. Starting salary $330, 40-hr. wk, 3-wk. vacation after 1 year of service, 10 statutory holidays. For further information please apply to: Mrs. H. Fletcher, Matron, Boissevain, Morton & Minto Memorial Hospital, Box 899, Boissevain, Manitoba. 3-11-1

Registered Nurses (2) and L.P.N.'s. (2) for 32-bed fully modern hospital in the lovely Parkland of North-West Manitoba. Two buses daily to Yorkton and Winnipeg. Salary $320 and $225 respectively with additional monetary consideration allowed for experience. A 40-hr. wk. is in effect, 3-wk. vacation after one year employment, life insurance and pension plan in effect. Personnel policies supplied on request. For further information write or phone 180 collect, to: Mrs. Edna Sims, Superintendent, Roblin District Hospital, No. 2, Roblin, Manitoba. 3-48-1

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Registered and Practical Nurses (immediately) for 18-bed hospital at Vita, Man., 70-mi. from Winnipeg. Starting salary, R.N. $330 - L.P.N. $225, with allowance for experience. Daily bus service. 40-hr. wk., full maintenance available for $50/m. Apply to: Matron, District Hospital, Vita, Manitoba. 3-68-1

General Duty Registered Nurses for 62-bed general hospital situated in progressive community with good recreational facilities and residence accommodation. Salary range $310 - $360. Allowance for experience. 40-hr. wk. with usual vacation, sick leave and other benefits. For further information contact Mrs. E. R. Baudin, Director of Nurses, Swan River Hospital, Swan River, Manitoba. 3-62-2

General Duty Nurses (3) for new 85-bed hospital. Good salary and generous personnel policies. Apply: Director of Nursing, Portage Hospital District No. 18, Portage La Prairie, Manitoba. 3-45-1

NOVA SCOTIA

Registered Nurses for 21-bed hospital in pleasant community — Eastern Shore of Nova Scotia. Apply: Superintendent, Eastern Shore Memorial Hospital, Sheet Harbour, Nova Scotia. 6-32-1

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply: Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia. 6-21-1

ONTARIO

Director of Nurses for well-equipped 42-bed General Hospital located in heart of area known for its wealth of natural resources. The sportsminded person has unlimited activities to enjoy. Residence suite available. For further information please phone or write: The Administrator, Sioux Lookout General Hospital, P.O. Box 909, Sioux Lookout, Ontario. 7-119-1A

Assistant Operating Room Supervisor for active area; salary in accordance with educational preparation and experience; apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-133-9A

Obstetrical Nursing Supervisor for 325-bed, fully accredited, General Hospital located in central area of city; salary in accordance with educational preparation and experience; apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-139-9-B

Head Nurse — (Pediatrics) for 30-bed modern unit; hospital located in central area of city; salary in accordance with educational preparation and experience; apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-139-9-C

Registered Nurses for modern 166-bed General Hospital. Interesting general duty positions open in all areas. Starting salary (1964): $330/m., 37½-hr. work wk. Congenial atmosphere, excellent fringe benefits and personnel policies. Limited residence accommodation available. For further particulars write: Director of Nursing, Memorial Hospital, Bowmanville, Ontario. 7-14-1

Registered Nurses for new 65-bed hospital. Resort area. Salary range: $315/m. Up-to-date personnel policies. Apply: Director of Nurses, South Muskoka Memorial Hospital, Bracebridge, Ontario. 7-15-1

Registered Nurses for Surgical, Medical, Pediatric, Obstetrical, Departments and Operating Room, required by 100-bed General Hospital, situated in Northern Ontario. Starting salary $360, annual increments, good personnel policies, including 40 hours per week. O.H.A. pension plan and group life insurance, O.H.S.C. and P.S.I. plans in effect. Accommodation available in residence if desired. For further particulars apply to: Director of Nurses, Lady Minto Hospital, Cochrane, Ontario. 7-30-1

Registered Nurses for 34-bed hospital, min. salary $350/m. — max. of $450 in five years, 3-wk. vacation with pay sick leave after 6-mo. service. **All Staff** — 5 day 40-hr. wk., 9 statutory holidays, pension plan & other benefits. Apply to: Superintendent, Englehart & District Hospital, Englehart, Ontario. 7-40-1

Registered Nurses for 25-bed hospital. Minimum salary: $350 with allowance for experience. Registered Nursing Assistants, minimum salary: $250 with allowance for experience. Excellent fringe benefits. Board and room available in residence: $45/m. Apply to: Mrs. G. Gordon, Superintendent, Nipigon District Memorial Hospital, 98 Churchill St., Nipigon, Ontario. 7-87-1

Registered Nurses and Registered Nursing Assistants for well equipped 75-bed hospital in progressive town of 6,500, situated midway between Winnipeg and the Canadian Lakehead. Basic wage Reg.N., $330 and Reg.N.Ass'ts, $230/m with single room accommodation available in modern nurses' residence. Excellent personnel policies. For further information, please phone or write: The Director of Nursing, Dryden District General Hospital, Dryden, Ontario. 7-36-1

Registered Nurses, Certified Nursing Assistants (IMMEDIATELY) for 40-bed hospital in pleasant town of 5,000, 42-hr. wk. with good rotation shifts, providing long weekends every 4 wks. Good salaries and personnel policies. For further details and application, apply: Administrator, General Hospital, Espanola, Ontario. 7-41-1

Registered Nurses and Certified Nursing Assistants for 160-bed accredited hospital. Starting salary $350 and $240 respectively with regular annual increments for both. Excellent personnel policies. Residence accommodation available. Apply to: Director of Nursing, Kirkland & District Hospital, Kirkland Lake, Ontario. 7-67-1

Registered Nurses and Certified Nursing Assistants for immediate and future vacancies in this 42-bed hospital. Starting salaries $335 and $225, respectively. Accommodation in new residence available. Usual fringe benefits. For full information, apply to: Director of Nursing, New Liskeard and District Hospital, New Liskeard, Ontario. 7-83-1

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Registered Nurses for General Duty In well-equipped 28-bed hospital, located in growing gold mining and tourist area, north of Kenora, Ontario. Modern residence with individual rooms; room, board and uniform laundry only $45. 40-hr. wk., no split shift, cumulative sick time, 8 statutory holidays and 28 day paid vacation after one year. Salary range $350 - $375. Apply to: Matron, Margaret Cochenour Memorial Hospital, Cochenour, Ontario. 7-29-1

Registered Nurses for General Duty in small sized General Hospital located 30-mi. from Ottawa. Good personnel policies. Apply: Superintendent, District Hospital, Kemptville, Ontario. 7-63-1

Registered Nurses for General Duty in modern 40-bed hospital. Starting salary $325, gross, monthly. 40-hr. wk., 10 working days sick leave in one year, 50% unused sick leave paid at end of year. 50% single OHSC, PSI and Group Life Insurance premiums given also OHA Pension Plan available, 8 statutory holidays, 4-wk. vacation after one year. Board and room $30. Apply: Superintendent, Saugeen Memorial Hospital, Southhampton, Ont. 7-122-1

Registered Nurses for Operating Room (3) required immediately for 100-bed fully accredited hospital in the planning stage of expansion to 200 beds. Starting salary $325/m, annual increments, good personnel policies, including 40 hour week, pension plan and group life insurance, O.H.S.C. and P.S.I. plans in effect. For further particulars apply to: Director of Nurses, Civic Hospital, North Bay, Ontario. 7-88-1

Registered Nurses for General Duty & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 80.000 people. **Salary: $335 per mo.**, with annual merit increments, plus **annual bonus plan**, 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply: Director of Nursing, Memorial Hospital, **Sudbury**, Ontario. 7-127-4

Registered or Graduate Nurses for modern 100-bed hospital located in summer resort district, 40-mi. from Ottawa. Apply: Director of Nursing, Public Hospital, Smiths Falls, Ontario. 7-120-2

General Duty Nurses for 66-bed General Hospital. Starting salary: $335/m. Excellent personnel policies, pension plan, life insurance, etc., residence accommodation. Only 10 min. from downtown Buffalo. Apply: Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario. 7-45-1

General Duty Nurses for modern 100-bed hospital. Registered Nurses $325-$355/m, Graduates $285-$325/m, 40-hr. wk., benefits include accident, sickness and life insurance, hospital and medical insurance plans, & OHA Pension Plan. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario. 7-69-1

General Duty Nurses for 100-bed modern hospital, southwestern Ontario, 32 mi. from London. Salary commensurate with experience & ability; $325/m basic salary. Pension plan Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario. 7-131-1

General Duty Nurses for 325-bed fully accredited General Hospital located in downtown area of city. Planned orientation program. Progressive personnel policies. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-133-9

General Duty Nurses & Certified Nursing Assistants for new 50-bed hospital with modern equipment, 40-hr. wk., 8 statutory holidays, excellent personnel policies & opportunity for advancement. Tourist town on Georgian Bay. Good bus connections to Toronto. Apply to: Director of Nurses, General Hospital, Meaford, Ontario. 7-79-1

Operating Room Nurses (2) for this 150-bed hospital. Salary scales as applicable in Ontario. Recognition for experience. All conventional benefits available. Apply giving details of training and experience to: The Director of Nursing, The Cottage Hospital, Pembroke, Ontario. 7-98-1

Public Health Nurse for generalized program in an urban-rural Health Unit, adjacent to Metropolitan Toronto. Salary range $4,000 to $5,200. Good personnel policies. Apply to: Supervisor of Nursing, Peel County Health Unit, 16 Lynch Street, Brampton, Ontario. 7-16-3

Public Health Nurses (Qualified) for generalized program, by Stormont, Dundas and Glengarry Health Unit located in the Seaway Valley area. Minimum salary $4,000. Annual increment. Allowance for experience 5-day wk. Employer-shared (50-50) group insurance, portable OMERS pension plan, Ontario Hospital Insurance and P.S.I. coverage (medical, surgical and obstetrical plan). 3-wk. vacation, cumulative sick leave credits, one-half paid as bonus upon leaving after 3-yr. service. Generous car allowance. Reply in writing to: Dr. John A. Thomson, Medical Officer of Health, Box 1058, Cornwall, Ontario. 7-34-5

Public Health Nurses looking for interesting, varied and different duty with the accent on responsibility. Write Dr. P. Playfair, Director, Northwestern Health Unit, Box 250, Kenora, Ontario. 7-64-3

PUBLIC HEALTH NURSES: 1965 salary range $4,500 — $5,500, generalized program, good personnel policies. Apply: Dr. A. F. Bull, Halton County Health Unit, Milton, Ontario. 7-81-2

Public Health Nurse for urban-rural Health Unit located in Ottawa area. Details of salary, working conditions, etc., supplied on request. Apply to: Dr. L. H. Douglas, Director, Gloucester - Nepean Health Unit, 1683 Merivale Road, Ottawa 5, Ontario. 7-93-19

Public Health Nurses for a generalized program. Minimum salary $4,000 with allowance for experience. Additional benefits include, OMERS pension plan, 50% of Hospital Insurance and Physicians' Services Blue Plan, cumulative sick leave, 4-wk. vacation, generous travel allowance. Apply to: Dr. F. R. Manuel, Medical Officer of Health, Grey County Health Unit, County Building, Owen Sound, Ontario. 7-94-3

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Public Health Nurses, (qualified), for Oxford Health Unit. Generalized program. Good personnel policies. Salary range and personnel policies on request. Apply to: Supervisor of Public Health Nursing, Oxford Health Unit, Woodstock, Ontario. 7-147-4

STAFF NURSES FOR 220-BED ACCREDITED HOSPITAL with School of Nursing. Salary $325. Preference for any particular service given every consideration. Post-Basic Certificates recognized. Usual personnel benefits, plus proximity to Ottawa, Montreal and Northern New York State. Apply: Assistant Director of Nursing (Service), General Hospital, Cornwall, Ontario. 7-34-1

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Registered Nurses for Operating Room with operating room postgraduate course and/or experience, for 150-bed hospital. Travel allowance paid. For particulars, write: Matron, King Edward VII Memorial Hospital, Bermuda. 13-1-1B

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Assistant Head Nurses and Certified Nursing Assistants for 60-bed children's orthopedic hospital. Excellent personnel policies. Apply: Miss Flora M. Lamont, Reg.N., Administrator, Shriners Hospital for Crippled Children, 1529 Cedar Avenue, Montreal 25, Quebec. 9-47-42

Registered Nurses for 30-bed General Hospital, 50 mi. from Centre of Montreal. Excellent bus service. Starting salary: $325/m. Salary increases as recommended by ANPQ. 40-hr. wk. Annual vacation, statutory holidays, 2-wk. sick leave, Blue Cross paid, living accommodation available. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Que. 9-29-1

Registered Nurses and Certified Nursing Assistants for 115-bed hospital for tuberculosis and other chest diseases. Situated in the heart of the Laurentian Mountains, 55-mi. north of Montreal. Apply: Director of Nursing, Box 1000, Ste Agathe des Monts, Quebec. 9-57-1

Operating Room Nurses for 56-bed accredited General Hospital, 38 miles from Montreal. Salary range $355-$385/m. Excellent working conditions, 5 day week, 4 weeks vacation after one year's service. Living accommodation available in modern motel type residence complete with out-door swimming pool. Apply to: Mrs. M. Fearn, Director of Nursing, Barrie Memorial Hospital, Ormstown, Quebec. 9-52-1B

SASKATCHEWAN

ASSOCIATE DIRECTOR OF NURSING for modern 160-bed, fully accredited hospital. Suite available in the nurses' residence. Previous nursing administrative experience desirable. Salary commensurate with qualifications and experience. Apply giving full particulars to: Director of Nursing, Swift Current Union Hospital, Swift Current, Saskatchewan. 10-122-1

Registered Nurses for the Riverside Memorial Union Hospital at Turtleford, Sask. Salary as recommended by SRNA. Excellent personnel policies in effect, nurses' residence located near the hospital, board and room available. The R. Memorial Union Hospital is a 20-bed hospital, modern throughout, good equipment and facilities, a further addition and a large renovation program has been approved. The hospital has two Doctors on staff, a clinic is situated near the hospital providing services such as Dentist, Physiotherapy, Optometrist, etc. Turtleford is a modern village situated 50-mi. from North Battleford with daily bus service to N.B. and Saskatoon. Surrounded by a number of resorts. Please apply to: Sec.-Manager, R.M. Union Hospital, Turtleford, Saskatchewan. 10-125-1

Registered Nurses (2) for the Wolseley Memorial Union Hospital. Salary $325 - $385. New Modern nurses' residence near hospital. Board and room $40/m. 21-bed hospital in modern town on No. 1 highway 65 miles East of Regina, Sask. Allowance made for experience. Apply to: R. Lyle Craven, Sec.-Manager, Wolseley, Saskatchewan. 10-139-1

Graduate Nurses for 8-bed hospital in Southern Sask. Salary range $335 - $425. Qualifications and experience considered. 3-wk. vacation plus statutory holidays, and 40-hr. wk. Modern residence with T.V. Personnel policies on request. Apply to: Mrs. D. L. Knops, Sec.-Treas., Union Hospital, Rockglen, Saskatchewan. 10-110-1

Graduate Nurses for all departments. Opportunities exist for advancement to head nurse or supervisor. Modern 160-bed, fully accredited hospital. Accommodation available, at nominal charge, in modern nurses' residence situated in landscaped grounds with tennis courts and skating rink. S.H.A. scale of salaries. Commencing salary, however, will be determined according to qualifications and previous experience. Applications to be forwarded to: Director of Nursing, Swift Current Union Hospital, Swift Current, Saskatchewan. 10-122-1A

U.S.A.

Registered Nurses for modern 374-bed General Hospital on the beautiful, warm Peninsula yet only 20-min. from the heart of cosmopolitan San Francisco. Openings in all nursing services including operating room, emergency room, and I.C.U. Excellent personnel policies, many extra benefits and opportunities for advancement. Telephone collect. OXford 7-4061 or write: Director of Personnel, Peninsula Hospital, 1783 El Camino Real, Burlingame, California. 15-5-20

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Registered Nurses for private 278-bed hospital for men, women and children. Staff Nurse salaries from $400 - $465, differentials for evenings and nights. Opportunities in all clinical areas. Holidays, vacations, sick leave, life insurance and health insurance. California registration required. Applications and details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California. 15-5-4

Registered Nurses for 233-bed modern hospital. Positions available — All services, no shift rotation. Liberal benefits, advancement opportunities, educational opportunities in area, equal opportunity employer. Apply: Director of Nursing Service, Kaiser Foundation, San Francisco 15, California. 15-5-7

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Registered Nurses, Staff Nurses for permanent positions, various departments, days, eves., nights. Excellent starting salary, increments, benefits and working conditions in one of the largest and finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California. 15-5-3G

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Staff Duty positions (Nurses) in private 403-bed hospital. Liberal personnel policies and salary. Substantial differential for evening and night duty. Write: Personnel Director, Hospital of The Good Samaritan, 1212 Shatto Street, Los Angeles 17, California. 15-5-3B

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Nurses for new 75-bed General Hospital. Resort area. Ideal climate. On beautiful Pacific ocean. Apply to: Director of Nurses, South Coast Community Hospital, South Laguna, California. 15-5-50

REGISTERED NURSES: for 75-bed, air conditioned hospital, growing community. Starting salary $330-$365/m, fringe benefits, vacation, sick leave, holidays, life insurance, hospitalization. 1 meal furnished. Write: Administrator, Hendry General Hospital, Clewiston, Florida. 15-10-1

General Duty Nurses — Present hospital 55-beds, with new 75-bed hospital to open April, 1, 1965. Located on lake Okeechobee near West Palm Beach. Liberal personnel policies, 40-hr. wk., bonus at end of first year. Minimum starting salary $380, with differential for evenings and nights. Apply: Director of Nursing Service Memorial Hospital, P.O. Box 928, Belle Glade, Florida. 15-10-3

REGISTERED NURSES: Excellent opportunity for advancement in atmosphere of medical excellence. Finely equipped, growing 200-bed suburban community hospital on Chicago's famed "North Shore" offers stimulating professional contacts within framework of personal attention. Completely air-conditioned, furnished cottages; two week paid vacation, liberal personnel policies. Starting salary from $410 to $430 days. Differential of $30 for nights or evenings. Contact: Donald L. Thompson, R.N., Director of Nursing, Highland Park Hospital, Highland Park, Illinois. 15-14-3

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General Staff Nurses registered in Ontario $335 - $400 per month. Registered Nursing Assistants $235 - $271 per month.

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PSYCHIATRIC NURSING INSTRUCTOR — Provincial Hospital Campbellton — Graduation from a recognized school of nursing, supplemented by postgraduate study in psychiatric nursing and teaching, and considerable experience. Registration or eligible for registration as a nurse in the Province of New Brunswick. Salary range $4,260 — $5,196 per annum. **Competition number N. B. 64-150.**

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Annual increments of 5 per cent. Full Civil Service Benefits. Please quote applicable Competition number.

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Staff Nurses 380-bed hosp. new 120 med-surg. unit. Trans. pd. 1st class air to Albuq. and return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment." Career opportunities, largest pvt. JCAH accredited hosp. in state; near U. of New Mexico, R.N. & B.S. pgm. Practical Nurse pgm. accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds., & O.R., salaries $350 per mo. even., night or O.R. with call; annual increases up to $410; days $340 per mo. with increases up to $400 Rotation from day duty is required only when no person desiring permanent P.M. or night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp. Services, pd. sick leave cumulative to 5 wks., annual physical exam., vacation 1 yr. — 2 wks., 5 yrs. — 3 wks., 10 yrs. — 4 wks. Active in-service program. Occasional vacancy hosp. owned appts. New Mexico licensure as professional nurse and U.S. citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold, S.E., Albuquerque, New Mexico. Phone 243-5611. 15-32-3

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric and pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio. 15-36-1D

Staff Nurses for modern 400-bed tuberculosis hospital, suburban Cleveland, Ohio. Monthly salaries start at $410 with semi-annual increments. Extra for night and relief duty, 5-day work wk., 3-wk. paid vacation, 6 paid holidays, liberal sick leave, comfortable accommodations in nurses' residence at low rate. Learn and earn at a progressive accredited hospital in a growing community. Write: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio. 15-36-1E

Registered Nurse (Scenic Oregon vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary starts at $417/m. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland, Oregon. 97201. 15-38-1

REGISTERED NURSES If you are looking for job satisfaction and educational opportunities, you can find both at Presbyterian Hospital in Philadelphia. General Staff positions in Cardiac-thoracic, Medical-Surgical, O.R., O.B., and Pediatrics. Eligible to work one year with Canadian License. Salary $4,080-$4,800/year depending upon experience plus $30-$50/m. for evening and night assignment. Half rate tuition at University. Write or call: Directress of Nurses, 51 North 39th Street, Philadelphia 4, Pennsylvania: Ev 2-4200, Extension 342. 15-39-1B

Assistant Science Instructor to teach in anatomy and physiology laboratory or microbiology and chemistry laboratories. Lectures given by Albright College professors. School has 6 nurse instructors to teach the laboratory portion of the course. 1 class/yr. Science instructors assist with medication supervision in the spring. Hospital now has 621 beds and is in an expansion program. Teaching and laboratory facilities excellent. School has full accreditation from N.L.N. Large school with no recruitment problem. There are 33 nurse instructors on faculty. School is being expanded. 7 new faculty positions to be added. Salary: $5,460 to $5,820. Opportunities for promotion. Full instructor salary: $5,820 to $7,020. Retirement plan in addition to social security. Hospital pays the retirement policy premium. After 3-yr. hospital provides life insurance policy for employee equivalent to 1-yr. salary. Hospital pays the premium. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath and shower. Latest teaching aides, including I.B.M. grading machine. Hospital located in a beautiful 40 acre park. Community has many cultural opportunities. 1 college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Pennsylvania. 15-39-4

Clinical Instructor to teach a portion of medical and surgical nursing. School of nursing is enlarging. 7 new faculty positions being added. There will be 33-nurse instructors and 4 Albright professors. 12 instructors in the medical and surgical nursing department and 2 full-time clinical dietitians. Starting salary: $5,820 with increases up to $7,020. Instructors with 2-yr. experience start at $6,180. School has latest teaching aides, including an I.B.M. grading machine. Retirement plan in addition to Social Security, hospital pays the policy. After 3-yr. hospital provides a life insurance policy for employees equivalent to 1-y.r salary, hospital pays the premium. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath and shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. 1 college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Pennsylvania. 15-39-4B

Obstetrical Instructor: No administrative responsibilities. Department has 2 obstetrical instructors and has obstetrical supervisor who assists with clinical teaching. School is being enlarged and size of faculty increased. 7 new faculty positions being created. Full accreditation from N.L.N. Large school with no recruitment problem. 33 full-time nurse instructors. Sciences taught by Albright College. Hospital now has 621 beds and is in an expansion program. Entirely new obstetrical department in new building. School has latest teaching aides, including I.B.M. grading machine. Salary: $5,820 with increases to $7,020. Beginning salary: $6,180 for qualified instructor with 2 years teaching experience. Retirement plan in addition to social security. Hospital pays retirement premium. After 3 yr. hospital provides a life insurance policy for the equivalent of 1-yr. salary. Hospital pays the premium. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath and shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities including symphonies and museums. 1 college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Pennsylvania. 15-39-4A

BURSARIES FOR NURSES

THE DEPARTMENT OF PUBLIC HEALTH

Province of Nova Scotia will provide bursaries for

(a) Graduate Nurses who have university entrance education and an interest in qualifying for positions in Public Health Nursing.

AND

(b) Experienced qualified Public Health Nurses who are interested in qualifying for Supervisory and Administrative positions in the Province of Nova Scotia. Bursaries will be sufficiently generous to cover all educational costs.

Applications for bursaries and further information may be obtained by contacting:

Director of Public Health Nursing,
DEPARTMENT OF PUBLIC HEALTH, PROVINCE OF NOVA SCOTIA,
P.O. Box 488, Provincial Administration Building, Halifax, Nova Scotia.

NURSES, REGISTERED

250-BED GENERAL ACUTE HOSPITAL IN SAN FRANCISCO, CALIFORNIA

Immediate positions, all shifts, for nurses in Operating Room, Intensive Care-Cardiac Unit, and general staff duty.

Qualified applicants guaranteed positions for visa purposes. Current starting salary $400 plus $40 evening and $24 night shift, and specialty differentials.

Health Insurance Plan, Life Insurance Policy, and Retirement Program — all hospital paid. Liberal holiday and vacation benefits. Affiliated with University of California Medical School with accredited medical residencies in Medicine, General Surgery, Neuro-Surgery, Orthopedics, and Plastic Surgery.

For further information, write to:

Miss Lois Jahn, Director of Nursing,
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REGISTERED NURSES REQUIRED

FOR GENERAL DUTY IN MODERN 18-BED PRIVATE HOSPITAL IN IRON MINING TOWN
140 miles north of Sault Ste. Marie, Ontario
SALARY RANGE $330 MINIMUM TO $377 MAXIMUM.
Allowance for experience. Board and room available at $20 per month
Transportation allowance up to $50 after 6 months
Apply:
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Beth Israel nurses love the big-city excitement of living in the *new* Boston. "B-I" nurses are enthusiastic, too, about the stimulation, the challenge, the rewards of belonging to a dynamic, growing institution like Beth Israel. To learn more about the prospects of a rewarding future with Beth Israel, plus details of *all* the wanted benefits, write to Linda Lafferty, R.N., Supervisor of Nursing Placement,

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A 228-bed General Hospital. Medical Department consists of two 38-bed wards, each with a head nurse in charge.

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Registered Nurses

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For a new 40-bed Hospital with Nurses' Residence. **Nurses—Salary: $340-$390** according to experience. 3 semi-annual increments of $10 each. **C.N.A.'s—Salary: $225-$255** according to experience. 3 annual increments of $10 each.

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ST. THOMAS, ONTARIO

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GENERAL DUTY NURSES

Modern 381-bed, fully accredited Hospital. Excellent personnel policies, O.H.A. Pension

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U.S.A.

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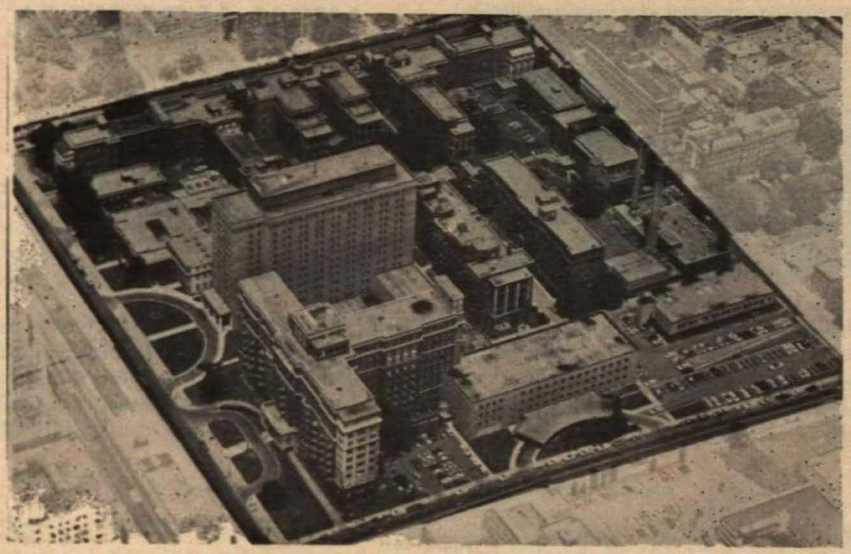
Registered Nurses in a small community hospital with rapidly expanding services. Accredited by Joint Commission Hospital Accreditation. Salary meets American Nurses' Association scale. Travel time 60 minutes from metropolitan area. Inquire: Director of Nurses, St. Croix Falls Hospital, St. Croix Falls, Wisconsin. 15-50-1

TORONTO GENERAL HOSPITAL



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for

REGISTERED NURSES AND REGISTERED NURSING ASSISTANTS

Planned Orientation Programme — Inservice Educational Programmes
Opportunity to gain additional knowledge in specialized fields of nursing
Excellent personnel policies
Salaries commensurate with prevailing current salaries in Metropolitan Toronto

For information or application write to:

DIRECTOR OF NURSING, TORONTO GENERAL HOSPITAL,
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(A) Associate Director of Nursing Education.
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Experience recognized. Salary range according to Saskatchewan Hospital Association Recommendations.

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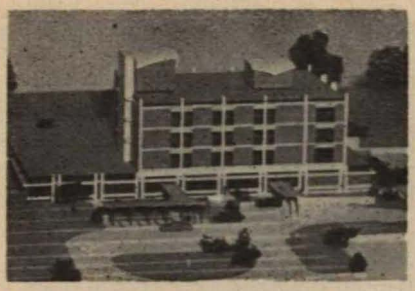
New York Polyclinic Medical School and Hospital in heart of Manhattan. Six month courses for qualified registered nurses in Operating Room Nursing, and Medical Surgical-Out Patient Department Nursing. Classes begin in March and September, include 220 hours of instruction and supervised clinical experience. Room, meals, medical care, and monthly cash stipend. For information write: Director of Nursing Education, 345 West 50th Street, New York, New York 10019. 15-33-24



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Ajax is 7 miles from Metro Toronto, hourly bus service

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Ajax, Ontario

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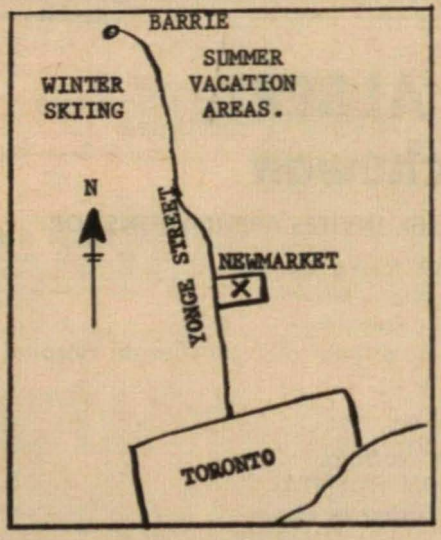

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REGISTERED NURSES: $335-$400 per month

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Gross salary for nurses registered in the Province of Ontario $335 monthly with annual increment $10 monthly to $385.

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Rotating periods of duty — 40 hour week, 8 statutory holidays annually — Annual vacation 21 days.

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Offers excellent opportunities for

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Sarnia is an industrial city located midway on the seaway, 60 miles north of Detroit and Windsor and 60 miles west of London. It is a resort area noted for swimming and boating as well as being located a reasonable distance from the skiing resorts in Northern Michigan.

The hospital is modern, fully approved (JCAH), and has recently been expanded to 350 beds.

Positions are available in all services.

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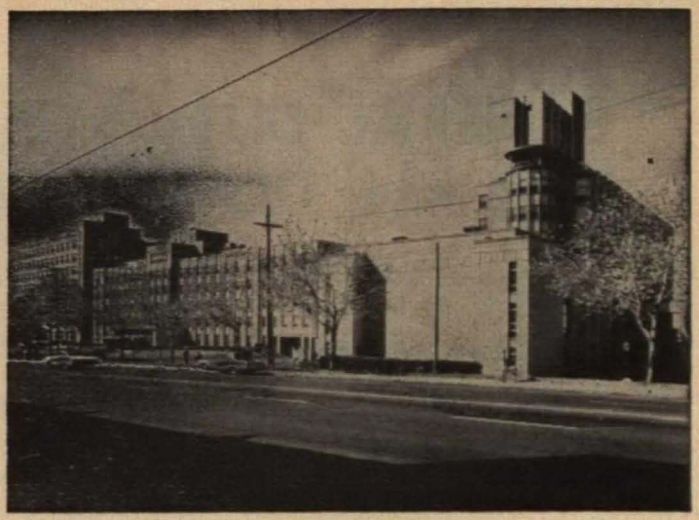
PERSONNEL DIRECTOR

SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO

JEWISH GENERAL HOSPITAL MONTREAL QUE.



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In this modern 400-bed non sectarian hospital in Administration, Teaching, Staff Nursing, Certified Nursing Assistants also required. Openings in Psychiatry, Pediatrics, Obstetrics and Medicine and Surgery. Excellent personnel policies. Bursaries for post-basic courses in Teaching and Administration.

For further information apply :

Director of Nursing, JEWISH GENERAL HOSPITAL, 3755 Cote St. Catherine Rd., Montreal, Que.

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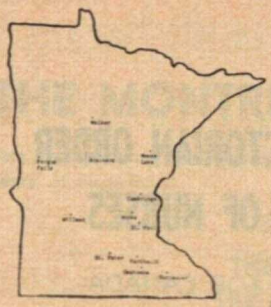
SEND APPLICATIONS DIRECTLY TO

THE PERSONNEL DIRECTOR, WINNIPEG GENERAL HOSPITAL
WINNIPEG 3, MANITOBA



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Nursing

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NURSING INSTRUCTORS — PSYCHIATRIC	**$6,072-$7,392**
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CHARGE NURSE	**$5,196-$6,312**
STAFF NURSE	**$4,620-$5,616**

Vacancies in hospitals for mentally ill, schools and hospitals for mentally retarded, nursing homes, sanatorium, crippled children's hospital and residential treatment center for emotionally disturbed children.

Open door policy — Team approach.

Generous vacation and holiday provisions, paid sick leave, scholarships available, master's program in psychiatric nursing available at state university and

Opportunities for Advancement within the service in these and directorship positions to $9,372.

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Required immediately for the Wellesley Hospital; a 260-bed active treatment hospital in Toronto, presently expanding to 600 beds. Associated with the University of Toronto, Faculty of Medicine. Excellent school of nursing. This position offers unlimited opportunities to a progressive person. Applicants are required to have a Baccalaureate Degree and should have experience in a supervisory position. Preferred age would be between 28 and 35. Attractive salary based on qualifications.

Written applications, giving full details should be addressed to:

Director of Nursing,
THE WELLESLEY HOSPITAL,
160 Wellesley St. E., Toronto 5, Ontario.
Mark envelope: Re: A.D.N.S.

ASSISTANT DIRECTOR OF NURSING

required for

A 163-BED GENERAL HOSPITAL

Please reply to:

DIRECTOR OF NURSING,
KIRKLAND and DISTRICT HOSPITAL,
Kirkland Lake, Ontario.

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FOR CANADA

OFFERS CAREER OPPORTUNITIES FOR

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Staff and supervisory positions are available in various parts of Canada. Good personnel policies. Pension plan. Uniform allowance. Transportation on duty.

Apply to:

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5 Blackburn Avenue, Ottawa 2, Ontario.

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A modern, progressive, 850-bed hospital, located in the centre of Ontario's Golden Horseshoe, has openings for:

1) **General Staff Nurses in all clinical areas.**

2) **Registered Nursing Assistants in all clinical areas.**

For further information write to:

THE DIRECTOR OF NURSING,
St. Joseph's Hospital,
Hamilton, Ontario.

PORT COLBORNE GENERAL HOSPITAL

PORT COLBORNE, ONTARIO

requires

REGISTERED NURSES

For recently expanded General Hospital of 166 beds within easy driving distance of American and Canadian metropolitan centres. Salary $335 per month with five annual increments of $120 per year. Consideration given for previous experience obtained in Canada. Accommodation available in nearly completed apartment residence, on hospital property, facing the lake.

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DIRECTOR OF NURSING,
General Hospital,
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Offers opportunities for NURSES. Attractive new building of 750-beds with an interesting variety of experience.

For further particulars write to:

THE DIRECTOR OF NURSING,
The Montreal General Hospital,
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NOTRE DAME HOSPITAL

North Battleford, Saskatchewan

REQUIRES

General Staff Nurses and Certified Nursing Assistants for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary range: R.N. $315 to $390, C.N.A. $205 to $235 gross per month. Differential for evening and night duty for R.N's Accommodation close to hospital if desired.

Apply to

DIRECTOR OF NURSING SERVICE
Notre Dame Hospital, North Battleford, Sask.

OPERATING ROOM SUPERVISOR

Required

For 66-bed hospital, excellent opportunity for Registered Nurse with P.G. course or extensive O.R. experience. Border town, 10 minutes from downtown Buffalo.

Apply:

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DOUGLAS MEMORIAL HOSPITAL,
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OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL

OAKVILLE, ONTARIO

General Duty Nurses for all departments, also Operating Room Nurses required in modern 340-bed fully accredited hospital.
Oakville is a progressive community situated on Lake Ontario just twenty miles from the cities of Toronto and Hamilton. Excellent salaries and personnel policies. Further details will be furnished on request.

Apply to:

DIRECTOR OF NURSING
Oakville-Trafalgar Memorial Hospital
Oakville, Ontario

ASSOCIATE DIRECTOR

SURGICAL NURSING SERVICE

The University Hospital in Edmonton

requires

An Associate Director of Surgical Nursing Service to commence employment in September. Applicant must be a registered nurse with postgraduate experience and training in surgical nursing. Preference will be given to applicants with degree or diploma in nursing administration or nursing service. Good salary and employment policies with wide range of fringe benefits.

Application to:

Dr. J. D. Wallace,
Executive Director,
UNIVERSITY HOSPITAL,
Edmonton, Alberta.

ST. JOSEPH'S HOSPITAL

PORT ARTHUR, ONTARIO

invites applications for:

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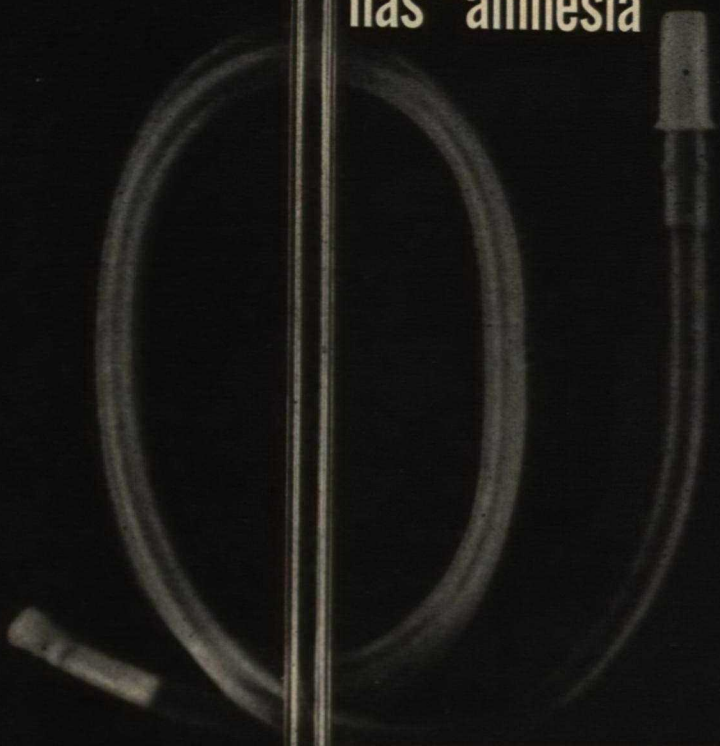

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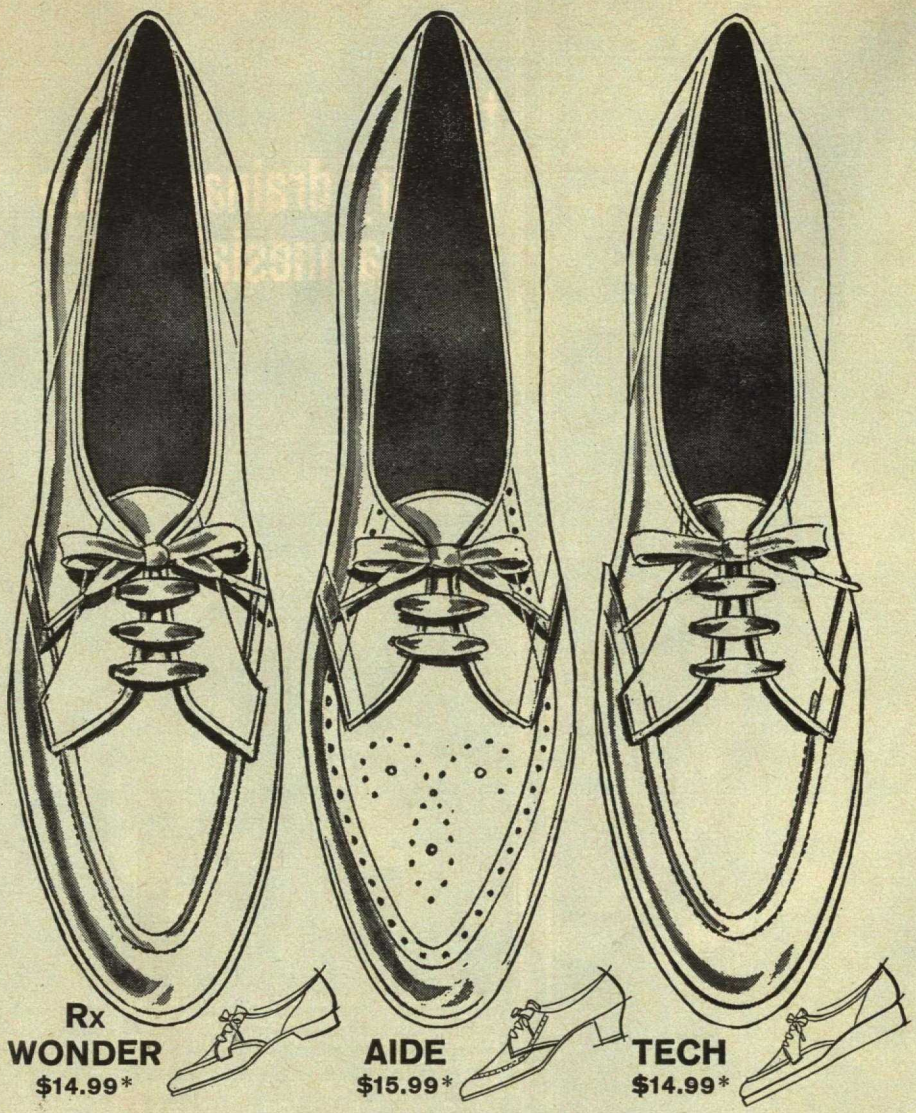

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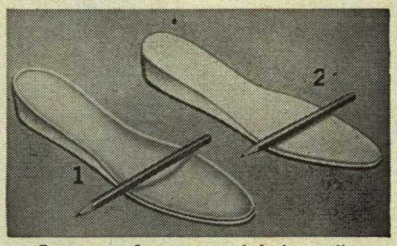

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